

Washington DC Medical Form

Student Name _____ **DOB** _____

Weight _____

Medical

Concerns _____

Emergency Contact for medical issues _____

Food

Intolerances/Restrictions _____

Student Name _____

These over the counter medications will be provided by the nurse during the trip

Tylenol (Acetaminophen)	Per label instruction by age or weight	Q 4 hrs prn	yes	no
Advil or Motrin (Ibuprofen)	Per label instruction by age or weight	Q 4 hrs prn	yes	no
Sudafed (Phenylephrine)	Per label instruction by age or weight	Q 4 hrs prn	yes	no
Guaifenesin (Robitussin)	Per label instruction by age or weight	Q 4 hrs prn	yes	no
Diphenhydramine (Benadryl)	Per label instruction by age or weight	Q 4 hrs prn	yes	no
Tums	1 tablet +500mg	Q 4 hrs prn	yes	no
Antibiotic ointment	Topical application	prn	yes	no
Hydrocortisone ointment	Topical application	prn	yes	no
Meclizine(Dramimine)	oral		yes	no

The following medications ARE NOT supplied by the nurse. Parent must provide medication in pharmacy labeled bottle.

PRESCRIPTION Medications dosage and route schedule /administration

If your child has emergency medication/inhaler in the Health Office it will go on the trip. Please list it here

Emergency/Rescue medication dosage and route schedule of administration

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Physician or APN Signature _____

Stamp (required)