

Medical Information – This section must be completed for all student travelers.

Student Name

Please list any medical conditions: _____

Please note that medical conditions should be up to date with ISD/campus nurse.

☐ Student has no known medical conditions

Prescription Drug Information – Only completed if taking medication.

Medication Name Dose Time/Details (with/without food)

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All medications must be held by band staff and given to students in individual doses. Medications must be carried on the trip in their original containers. Medications should be presented to the director in charge of medications on the morning of May 25 at CHS. Students will receive their medications when we return.

THIS PORTION OF THE FORM MUST BE COMPLETED

Parent Name Printed

Parent Signature

Doctor's Name

Parent Cell Phone Number

Doctor's Phone Number