

Prescription Drug Form

My child, _____, will need to bring the following medication(s) to Band Camp 2022.

_____ Medication Name	_____ Dose	_____ Time/Details (with/without food)
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_____ Medication Name	_____ Dose	_____ Time/Details (with/without food)
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_____ Medication Name	_____ Dose	_____ Time/Details (with/without food)
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_____ Medication Name	_____ Dose	_____ Time/Details (with/without food)
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All medications must be held by the trip nurse and given to students in individual dosages. Medications must be carried on the trip in their original containers. Medications should be presented to the registration team on July 25 at CHS.

Parent Name Printed

Parent Signature

Doctor's Name

Parent Cell Phone Number

Doctor's Phone Number