

2020 Washington DC Trip

OVER-THE-COUNTER MEDICATIONS (OTC):

I authorize the chaperone to give my child the following OTC medications as prescribed by the District MD's Orders:

***CIRCLE meds authorized (school provides)**

- | | |
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| -Acetaminophen (Tylenol) – for pain or fever | -Ibuprofen (Motrin/Advil) – for pain or fever |
| -Meclizine (Bonine/Dramamine) – for motion sickness | -Cough drops (Halls) – for cough or sore throat |
| -Antacid (Tums) – for upset stomach | -Loperamide (Imodium) - for diarrhea |

STUDENT/PARENT CONTRACT

I AGREE TO:

1. Cooperate fully with chaperones, teachers and all other administrative officials.
2. Neither use, not have in my possession at any time, alcoholic beverages, illegal drugs or any other item that violates the Student Code of Conduct.

My child will not carry any medication on the trip unless I have provided the nurse with a DC medical order. I agree to adhere to all medication guidelines as stated on this form.

3. Not break the curfew. I will abide by all rules regarding being in any room with a person of the opposite gender behind closed doors, at any time. I understand that this is not permitted.
4. Not participate in pranks or vandalism of any kind. If I damage property, my parents and/or I will assume full financial responsibility.
5. I understand that if I choose not to abide by these rules, my parents will be called and I may be sent home at their expense. Further disciplinary action will also be taken.
6. I also understand that this is a very enjoyable educational experience, and it is my attitude and behavior that will make it so.

I certify that the above Medical and Contact information is true and accurate and I understand that it will be relied upon by the Webster Central School District.

Signature of Parent/Legal Guardian _____

Date _____

Signature of Student _____

Date _____