

Student Name _____ Allergies _____

The district #194 medication procedures direct us to send only the **EXACT** amount of medication needed during the field trip and that it is **in an original and properly labeled bottle/box**. Over the counter medications need to be in the original container with the correct dosages visible. Random pills in envelopes or plastic baggies **will not be accepted** even if the name is on it. Everything must be in the original containers so we have the correct medication and dosage.

We will send Ibuprofen and acetaminophen –so you do NOT need to send bottles for these medications.

Time to Take	Medication Name/ Dosage/Reason	Thu (initial)	Fri (initial)	Sat (initial)	Sun (initial)
AM					
Lunch					
PM					
As Needed-	Ibuprofen – Please Circle one below and how many tablets Chewable (100mg per tab) or adult (200mg per tab)				
	Acetaminophen Chewable (160mg per tab) or adult (325mg per tab)				
As Needed					

I _____ authorize All Saints Catholic School to dispense the above medications indicated on this form.

(Parent signature)

