



**West Johnston High School Band Parent Association: "Crescent City Jazz Festival"**

Thursday, March 16<sup>th</sup>, 2023 thru Sunday, March 19<sup>th</sup>, 2023

**MEDICATION LIST**

Student: \_\_\_\_\_

Parent: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

The following medications are in my child's possession for the Trip cited above:

Name of Medication	Dosage, Frequency	OTC or Prescription	Chaperone Administer	Student May Self-Medicare
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Are there any side effects we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Additional Notes, Comments, Info:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_