



West Johnston High School Band Parent Association

Disney Trip Mediation List

Student: _____

Parent: _____ Emergency phone Number: _____

The following medications are in my child's possession for the Disney Trip (April 12-15th):

Name of Medication	Dosage	OTC or Prescription	Chaperone Administration	Student can Self Medicate
			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 know about?

Parent Signature: _____ Date: _____