West Johnston High School Band Parent Association:Crystal Coast, Havelock, NC

Saturday, November 1, 2025 to Sunday, November 2, 2025

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-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 be aware of?

_____

_____

Additional Notes, Comments, Info:

_____

_____

Parent Signature: _____ Date: _____

Notes to Remember:

Please be aware that **NO** medication will be administered without a form.

ALL controlled medication will be kept and administered by a chaperone.

Likely all antibiotics will be administered by a chaperone due to the prevalence of allergies in the community.

If you have questions please contact Mrs. Leighton and she will get you in contact with the chaperone in charge of medications.