

10/10/07

LINCOLN-SUDBURY REGIONAL HIGH SCHOOL
Medication Permission slip

Please note: chaperones are not authorized to carry or administer any medications to students on school sponsored trips. Wachusetts will not administer even non-prescription pain medications unless the student is being sent from the mountain for emergency medical care. **If you would like your son or daughter to be allowed to take an aspirin, ibuprofin, or other medication after a fall, I recommend you sign this. It's hard to tell kids I can only give them ice after a minor injury. ASF**

TO: LINCOLN-SUDBURY REGIONAL HIGH SCHOOL

This is to notify you that I give permission for my son/daughter
(NAME)_____

to carry and self-administer the required doses for 8 hours of these MEDICATIONS:

(non prescription)_____

(prescription)_____

on blue Friday afternoon 4 - 10 PM Wachusetts snowboard/ski trips.

I UNDERSTAND THAT MY STUDENT IS NOT TO GIVE THESE MEDICATIONS TO ANY OTHER STUDENT, IS NOT TO TAKE MORE THAN THE STATED DOSE(S) FOR 8 HOURS AND THAT THE CHAPERONES ARE NOT RESPONSIBLE FOR THE ADMINISTRATION OF THE MEDICATION.

I AGREE TO ABSOLVE THE SCHOOL OF ANY LIABILITY WHICH MAY ARISE AS A RESULT OF THIS MEDICATION, AND HAVE ALREADY RETURNED THE CLUB TRIP PERMISSION SLIP FORM GIVING EMERGENCY CONTACT AND INSURANCE INFORMATION.

SIGNATURE:_____ DATE:_____

PRINT NAME_____