

**DWIGHT D. EISENHOWER SCHOOL**

344 Calvin Court, Wyckoff, NJ 07481

Dear 8th Grade Parents/Guardians,

If it is necessary for your child to take medication during the school trip to Washington D.C., **the medication needs to be brought in its original container marked with your child's name** to the nurse's office no later than **Friday, May 31, 2019 by 3pm. Please only send in medication that is absolutely necessary. The below information must be completed by your doctor and signed along with the physician's stamp. Parent/Guardian signature is also required.** If you do not have the medication listed on this form, we cannot administer it. This form must be **returned Friday, May 17, 2019 and the medications dropped off to the nurse by Friday, May 31, 2019 by 3pm.**

**\*\*\*\* If the medication you originally listed on the form changes for any reason, please notify the nurse.**

**\*\*\*\* Please do not pack your child/children's medication in their suitcase. All medications must be given to the nurse before the trip unless it is an emergency medication.**

**Medication Administration Form**

Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Medication#1 \_\_\_\_\_ Indication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication#2 \_\_\_\_\_ Indication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication#3 \_\_\_\_\_ Indication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication#4 \_\_\_\_\_ Indication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ ( turn form over)

\_\_\_\_\_  
Physician's Stamp

\_\_\_\_\_  
Physician's Signature