

DE SOTO HIGH SCHOOL

35000 WEST. 91ST STREET - DE SOTO, KS - 66018

PHONE: 913.667.6250 - FAX: 913.667.6251

WWW.DHS.USD232.ORG - WWW.DHSWILDCATNATION.COM

Band Parents and Students,

To clarify what our plans are regarding medications for the upcoming band trip, we are emailing you this form. Please complete it and send it back no later than **January 14, 2022**.

The nurse for the trip will have a small supply of the following over-the-counter (OTC) medications available during the trip. Please indicate whether it is ok or not ok with you for your child to receive each of them as needed.

I give my consent for my child _____ to receive the following medications if needed during the 2020 DHS Band Trip.

Tylenol 325 mg or 500 mg tablets or liquid for pain or fever	Yes ___ No ___
Ibuprofen 200 mg tablets for pain or fever	Yes ___ No ___
Bonine (Meclizine--Less drowsy formula of Dramamine) for nausea or motion sickness	Yes ___ No ___
Tums for indigestion	Yes ___ No ___
Benadryl 25 mg or clear syrup for allergy symptoms	Yes ___ No ___
Claritin 10 mg for non-drowsy allergy relief	Yes ___ No ___
Antibiotic ointment for abrasions or cuts	Yes ___ No ___
Sudafed PE (phenylephrine) for decongestion	Yes ___ No ___
Hydrocortisone cream 1% for skin rashes	Yes ___ No ___
Immodium D for diarrhea	Yes ___ No ___
Miralax --17 gm individual packet for constipation	Yes ___ No ___
Lubricating eye drops for eye irritation	Yes ___ No ___
Cough drops for cough	Yes ___ No ___
Other—please specify _____	

If your child routinely takes medications, please send a supply to cover the duration of the trip. Please write these medications on the line above. For prescription medications, if you feel that your child is responsible enough not to lose them and can remember to take them at the appropriate times, your child can keep them in their possession. The nurse can keep them if desired and dispense them as prescribed. **Please have these medications in their original containers**, labeled appropriately (nurse cannot dispense medications without original container). If your child has prescription med(s) that may be used only as needed such as inhalers and EpiPens, they can either stay with your child or be carried by the nurse. Please discuss these with the nurse at check-in. The nurses must keep all controlled substance prescriptions in their possession. These will be dispensed each day, when the dose is due. We will have you deliver these (in original container) when the luggage is checked in the day we leave.

If your child needs to be seen by a professional and/or have a medication prescribed, parents will be called prior to doing so. Please provide a copy of your health insurance card to be used in these potential situations (either attach this to the email or bring it to the meeting) Please indicate the best number to call to reach you quickly while your child is on the trip:

Name _____ Number _____

Parent Name (person giving consent/completing the form): _____

Signature _____

Nurse: Marj Taylor, RN-BSN

Email: marjorietaaylor999@outlook.com

Cell phone: 816-223-6142

HOME OF THE WILDCATS!