



Cape Cod Lighthouse Charter School

195 Route 137, E.Harwich, MA 02645

phone: 774-408-7994

STUDENT NAME: _____ **DOB:** _____ **GRADE:** _____

For **8th graders**, please list any medications your student will need between 7:00 am Sunday (6/14) and 7:00 pm Thursday (6/18).

Medication List

Please include all medications, such as Epi pens, inhalers, and **any** daily medications (Except acetaminophen, ibuprofen, and Tums - see below). Please only send medications that are necessary for the health and safety of the trip. (Ex: a vitamin could wait, an allergy med may be necessary.) Please also note that medications such as melatonin **require** a doctor's order.

| Medication/Form | Strength | Dose | Time(s) | Reason | Special Instructions | As Needed |
|---------------------------------------|------------------|-----------------|--------------------|---------------------------|--------------------------|-----------|
| <i>Example Amoxicillin Liquid</i> | <i>125mg/5ml</i> | <i>250/10ml</i> | <i>8am 8pm</i> | <i>Infected tooth</i> | <i>Give after eating</i> | <i>no</i> |
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All medication and doctor's orders must be received by the school no later than **Friday, June 5th**. Medication must be in a pharmacy labeled bottle that matches the Doctor's orders. Students may NOT carry medication of any kind with them. Tylenol, Advil, and Tums will be available if you have previously sent in that permission form.

I give permission for my child to receive the above scheduled medications as dictated above and ordered by his/her/their doctor while on the 8th grade trip.

Print Name: _____ **Relationship to Student:** _____

Signature: _____ **Date:** _____