

Prescription Drug Form

My child, _____, will need to bring the following medication(s) to NYC20.

Medication Name	Dose	Time/Details (with/without food)
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Medication Name	Dose	Time/Details (with/without food)
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Medication Name	Dose	Time/Details (with/without food)
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All medications must be held by a band director, and given to students in individual dosages. Medications must be carried on the trip in their original containers. Medications should be submitted to Hoffman/Vasquez on March 12 at the airport.

Parent Name Printed

Parent Signature

Parent Cell Phone Number

Doctor's Name

Doctor's Phone Number