



# WT WOODSON CREW - STUDENT MEDICATION 2023

**ROWER NAME:** \_\_\_\_\_

## EVENTS:

- 1) STOTESBURY REGATTA, Philadelphia, PA, May 18-20
- 2) SRAA NATIONAL CHAMPIONSHIP REGATTA, Oak Ridge TN, May 25-27

This form is a crew team form, and not required by FCPS. Please complete the form with as much information as you are comfortable sharing. **If your student is not bringing medication, you do not need to complete this form.**

- **Epinephrine will not be stocked on these trips.**
- Inhalers: Your student should have enough to last the entire trip.
- **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS**
- Students will NOT be allowed to share over-the-counter medications with other students nor will chaperones dispense medications to the students.

The above named rower will be taking the following medications to one or both events listed above, is aware of the instructions for use, and as has my permission to use as indicated (if more than 3, please list on the back of this form):

1. MEDICATION: \_\_\_\_\_

**Prescription or over-the-counter (please circle one): YES or NO?**

Additional information, if any: \_\_\_\_\_

2. MEDICATION: \_\_\_\_\_

**Prescription or over-the-counter (please circle one): YES or NO?**

Additional information, if any: \_\_\_\_\_

3. MEDICATION: \_\_\_\_\_

**Prescription or over-the-counter (please circle one): YES or NO?**

Additional information, if any: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN PRINTED NAME** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_ **Can receive texts (circle one): YES or NO**

**This form should be turned in at each Luggage Check-In (if applicable)!**