



STUDENT MEDICATION FORM - 2025

ATHLETE NAME: _____

CHECK EVENTS ATTENDING:

- ☐ STOTESBURY REGATTA, Philadelphia, PA, May 15-17
☐ SRAA NATIONAL CHAMPIONSHIP REGATTA, Camden, NJ, May 22-24

This form is a rowing 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 athlete will be taking the following medications to the event(s) listed above, is aware of the instructions for use, and 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)

Additional information, if any: _____

2. MEDICATION: _____ Prescription or over-the-counter
(please circle one)

Additional information, if any: _____

3. MEDICATION: _____ Prescription or over-the-counter
(please circle one)

Additional information, if any: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN PHONE: _____

Can receive texts at this number (circle one): YES or NO

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