



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 Wednesday (10/9) and 7:00 pm Friday (10/11).

Medication List

Please include emergency and “as needed” medications, such as Epi pens, inhalers, and ***any*** over the counter medications (Except acetaminophen, ibuprofen, and Tums - see below).

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>

All medication and doctor’s orders must be received by the school no later than **Wed. 10/2**. 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:** _____