

A completed form is required by ALL cheerleaders. Not taking medication? write NONE and have your parent sign.



Friendswood High School
School Sponsored Overnight Trip

Prescription and OTC Medications

Section 1 – Permission to Carry Medication

My child, _____, has permission to carry prescription and/or OTC (over the counter) medications on their trip with FHS Cheerleading dated from _____ to _____.

*List medications below: prescription and OTC (ibuprofen, Zyrtec, etc).
If not bringing medication – write NONE.*

1. _____
2. _____
3. _____

Section 2 – Dispensing of Medication

Please select and initial ONLY one of the following:

I would like to have an adult chaperone dispense the prescription and/or OTC medication to my child according to the labeled instructions.

I give full responsibility to my child to properly take their own prescription and/or OTC medication according to the labeled instructions.

Parent Signature: _____ Date: _____