

PLEASE RETURN BY March 1, 2010

**Children's Chorus of Greater Dallas  
Washington D.C. Tour  
June 23-27, 2010**



**Special Needs and Medication Form**

Chorister's name: \_\_\_\_\_

Please list any food allergies or other dietary restrictions applicable to your child (if none, so state):

Does your child have any medical conditions of which the chaperone needs to be aware? (if none, so state)

Please list any medications that your child will need to take while on the trip (if none, so state):

Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Purpose: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage/frequency: \_\_\_\_\_ Dosage/frequency: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to self-administer the medication listed above while on tour with CCGD/YCGD.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please list any medications to which your child is allergic (if none, so state):

Can your child be given Tylenol or Advil if necessary? Yes / No

If yes, please give child's approximate weight: \_\_\_\_\_

Does your child wear:

Glasses – Yes / No

Contact lenses – Yes / No

Hearing aid – Yes / No

Retainer – Yes / No

Other (please specify) \_\_\_\_\_

Has your child ever been away from home overnight except to spend the night with a friend? Yes / No

If yes, please describe the circumstances \_\_\_\_\_

On the back of this page, please list any other information (fears, bedtime rituals, sleepwalking, special needs, etc.) that would help the chaperones in caring for your child:

This form was completed by (print your name):

\_\_\_\_\_

Date: \_\_\_\_\_