PALMER PUBLIC SCHOOL

PARENTAL REQUEST ALLOWING IN-SCHOOL MEDICATION

I request the school secretary or administrator see that my child receives, as needed, the following medication I have supplied.

Prescription Medication: I understand that prescription medication must be in the container in which it was purchased; and, the name of the medication, the dosage and times to be given, and the physician’s name must be printed on the container.

Over-The-Counter Medication: I also understand I must provide school personnel with medication in a container labeled with my child’s name, the type of medication, dosage, and the time(s) to be given.

I also understand that any medication not properly labeled or loose pills will not be given at school.

All medication must be taken to the school administration office and stored there throughout the day. In addition, no medication will be administered without the completion of this form or certified contact with the parent or guardian by school personnel.

Type of medication Dosage Time(s) of day

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Possible side effects:

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I give my permission for the school to administer Tylenol or Ibuprofen per container instructions if my child needs. Tylenol: \_\_\_\_\_ Yes \_\_\_\_\_ No Ibuprofen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date