

SAN MANUEL JR/SR HIGH SCHOOL
PARENT'S CONSENT FOR GIVING MEDICINE AT SCHOOL

I hereby request and give my consent for the school nurse or person designated by the administrator to see that my child _____ receive the over the counter medications listed below:

Medication: Cough Drop 1, Tums 2, Mylanta /Pepto 2 tsp.,

Route of administration: to be given by mouth

Time of day to be give: as needed

ALLERGIC TO ANY MEDICATION? YES NO

IF YES, PLEASE LIST: _____

Signature (Parent/Guardian)

Date

My child may have the appropriate dose of Extra Strength Tylenol or Ibuprofen 500mg as need for headache or pain. **YES NO**

Signature (Parent/Guardian)

Date

This signed consent form will remain in effect for the entire time your child attends San Manuel Jr/Sr High, unless rescinded in writing by the parent/guardian