

TO: Parents/Guardians

FR: Hays/Lodge Pole Schools

RE: Medication Given at School



School Policy says that no medication will be administered at school with written parental permission.

Please fill out the following form, sign, and return to school with your student.

Medication will be administered by the office secretary only. No medication of any kind will be administered without this sheet being signed.

Option One

I do not give the school permission to administer any kind of medication to my child,

_____.
Student name

Date

Signature Parent/Guardian

Option Two

I hereby give permission for the school to administer, aspirin free pain reliever (Tylenol, acetaminophen), antacid (Tums, Dimacid), first aid antibiotic ointment (minor cuts, scrapes, etc.) to my child, _____.

Student Name

Date

Signature Parent/Guardian

Option Three

I hereby give the school permission to administer the following medication that was prescribed by a doctor to my child, _____.

Student Name

Date

Signature Parent/Guardian

You may sign option two and three if they apply to your student. Thank you for protecting your child.

***This permission form will be good only for the duration of the school year or at the written request of the parent/guardian.**