

McDonald County R-1 School District



2014/2015 School Year Medicine Permission Slip

Student: _____ Grade: _____
Date of Birth: _____

All medications to be administered at school, whether prescription or over-the-counter, MUST be provided by parents or guardians. Prescription medications must be issued to the student, in original container, and include the pharmacy label. Over-the-counter meds must be in original packaging including manufacturer's directions and must be age appropriate. Please list any prescription or over-the-counter medication your child will be taking at school:

A small supply of the following over-the-counter medications is available for EMERGENCY USE ONLY, at the discretion of the school nurse or health aide. This is an emergency supply only. **You must provide any medication you wish to be available for your student's use.** Please check those that may be administered to your child in the case of EMERGENCY ONLY.

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Motrin or Advil) |
| <input type="checkbox"/> Antacid (Tums) | <input type="checkbox"/> Cough / throat drops |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Loperamide (Imodium) |

My child is able to swallow pills Yes No

Parent Signature _____ Date _____
Home Phone _____ Work Phone _____