

**VISITATION INTER-PARISH SCHOOL
2010-2011
COUGH DROPS ONLY PERMISSION SLIP**

Student's Name(s):

Parent/Guardian's Emergency Phone #:

Any adverse reaction that may be caused by the medication:

THIS IS A ONE-TIME SIGNED PERMISSION SLIP. This form will be kept in the school office and allows you to send in cough drops IN THEIR ORIGINAL PACKAGE with your student(s) as needed throughout the school year. You will not need to send a form each time once this signed form is on file. Please make sure the student's name(s) are on the package.

PLEASE NOTE: Non prescription (over the counter) cough drops will be administered only as needed but no more than 1 – 3 times daily or as indicated on the package. A note will need to be sent in with the time given if student has taken a cough drop before school. If there is no note, another cough drop will not be given until 10 a.m. **NO COUGH DROPS** are allowed to stay with the student. They are to bring them to the school office immediately.

PARENTS/GUARDIANS: Your signature indicates the accuracy of the above information, knowledge of possible side effects, and your understanding of the school's policy for administering medications.

Please **PRINT** parent/guardian's name:

I hereby grant permission for school personnel to administer the above medication to my child as instructed above. I do not hold school personnel liable for administering the above named medication if my child develops any type of medical symptoms.

Parent/Guardian Signature

Date