ST. MARY'S ACADEMY
LOWER SCHOOL
2011/2012

CONFIDENTIAL
TYLENOL/MOTRIN ADMINISTRATION PERMISSION FORM

Non-prescription medications can be administered only with written authorization from a parent/guardian.

I grant permission for my child to take Tylenol/Motrin when needed, in the recommended dosage, administered by an adult in the division office. I release St. Mary's Academy from responsibility for any adverse consequences, which may result when this procedure is followed.

_____ _____

Child's Name Grade Date

_____

Parent/Guardian Signature

***** ***** ***** ***** ***** ***** ***** ***** ***** *****

The following information will alert us to any special circumstances, which will require our sensitivity and special attention at school or away from school on a field trip.

Medications used routinely_____
(Must be kept in the office and in original container)

***** ***** ***** ***** ***** ***** ***** ***** ***** *****

FIELD TRIP PERMISSION

I hereby grant permission for my child to participate in St. Mary's Academy field trips. He/she has my permission to travel via bus or school van. Should my child's behavior become unacceptable or jeopardize the safety and health of others, I will be responsible for retrieving my child from a trip.

_____ _____

Parent/Guardian Signature Grade Date