

MEDICATION POLICY

It is this school's policy to administer no medication. The risk of an overdose, or missed dose, or side-affects, or the possibility of another child taking someone else's medication forces us to require this policy.

If your child must take medication on a regular basis, get your physician to prescribe a stronger dosage. Please do not send any medication with your child or ask a teacher to administer any medication. Please keep your child home during periods of illness. Your cooperation in this area will be greatly appreciated.

I authorize the school to put antibiotic cream and band-aids on cuts, administer ice on a bruise or cut, put my child on a cot if sick, and take my child's temperature.

Student's Name

Parent's Signature

State of _____ County of _____

On the _____ day of _____ 20____, before me came _____
to me known to be the individual described in and who executed the foregoing instrument and acknowledge
that they executed the same.

Notary Public