

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

## HAMPTON-DUMONT COMMUNITY SCHOOL

### GRADES 4 through 8

#### MEDICATION PERMISSION

The staff has my permission to administer the following medications . (Please check which medications your son/daughter may receive for minor health problems, i.e. headache, cold, sore throat, earache, or menstrual cramps.)

Acetaminophen (Tylenol) 325mg. \_\_\_\_ 1 tab \_\_\_\_ 2 tabs every 4-6 hrs. as needed

\_\_\_\_ Antacids (TUMS) 1 or 2 daily as needed for stomach upset

\_\_\_\_ DO NOT GIVE ANY MEDICATIONS

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

#### HEALTH PERMISSION

I give my permission for pertinent health information to be shared with staff involved with my child's education.

\_\_\_\_\_  
PARENT INITIALS

\_\_\_\_\_  
DATE

#### EMERGENCY CARE

In case of accident or serious illness, I request school staff contact my emergency designee or me. If unable to reach my emergency designee or me I hereby authorize school staff to call the local clinic or hospital and to follow their instructions. I understand that expenses incurred for emergency treatment will be my responsibility. ***I understand it is my responsibility to keep emergency contact numbers update throughout the school year***

\_\_\_\_\_  
PARENT INITIALS

\_\_\_\_\_  
DATE