

Paradise Honors High School

12775 N. 175th Ave, Surprise, AZ 85388

Main: 623-455-7400

Fax: 623-975-4380

MEDICATION RELEASE
School Year 20____ - 20____

Student Name: _____ **Grade:** _____ **Date of Birth:** _____
(Please Print)

Does the student have any medical concerns, chronic illness, allergies, or take daily medication? If yes, please specify:

Any allergies to medication: _____

From time to time students unexpectedly need medication during a school day. When this need arises, the school may administer over-the-counter medications with parental consent. By placing an "X" next to the below medications, you grant the school authority to administer the medication to your child. The recommended dosage of the medication per package directions will be given unless stated otherwise.

<u>Medication</u>		<u>Specific Instructions</u>
_____ Generic Tylenol	(1-2 tablets, 325mg, 4-6hrs as needed)	_____
_____ Generic Ibuprofen	(1-2 tablets. 200mg, 4-6hrs as needed)	_____
_____ Cough drops		_____
_____ TUMS	(2-3 tablets, up to twice a day)	_____
_____ Benadryl cream for rash/itching		_____
_____ Hydrocortisone cream for rash/itching		_____
_____ Benadryl oral for allergies		_____

Only the medications listed above will be kept in stock in the Health Office. Any other medication must be provided by the parent/guardian.

- I give permission for the school nurse, health assistant or designated person to give my child the above checked medication.
- I give consent for mandated hearing and recommended vision screenings as required by state guidelines.
- In case of an accident or serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or guardian can be contacted. Any expense for emergency transport and/or treatment shall be the responsibility of the parent or guardian.

Parent/Guardian signature

Date