

Dear Parents,

In order to allow those that need Ibuprofen/Acetaminophen/Aspirin/Prescribed Medication to receive this medication, we are asking that parents provide medication in a new, unopened bottle with your child's name written on the bottle with permanent marker. Only your child will receive medication from their own bottle. A School Staff member will continue to dispense and record when students take the medication, so amount and frequency can be tracked.

With this policy, each parent must sign this notice and provide the above requested medication. Please fill out this notice completely and return to school.

Wade Melton
Hardin Community School

As Parent/guardian, I give my permission for my child, _____, to have Ibuprofen/Acetaminophen/Aspirin/Prescribed Medication given to them during the school from the bottle I provide.

(Brand Name of Ibuprofen and Pill Count in Bottle)

(check) if you do not wish your child to receive Ibuprofen/Acetaminophen/Aspirin while at school.

(Parent/Guardian)

(Date)