

M.S.A. D. NO. 72

PARENTAL PERMISSION
COUGH DROP ADMINISTRATION AT SCHOOL

- * Written parental permission is required for cough drops to be administered at school.
- * The cough drop permission is **only good for 7 school days**.

Criteria necessary for cough drops to be administered at school:

- mild cough must be present
(will not be administered for a dry throat or bad cough)

Extra note: Complaints of a dry throat will be resolved with a sip of water. Bad cold/cough symptoms will be addressed by a call from the school nurse to provide further guidance, including suggesting a medical assessment if necessary.

Student Name _____ **Grade/Teacher** _____

Name of Cough Drop: _____

Purpose of Cough Drop: to quiet a mild cough

Dosage: one cough drop no sooner than every three hours

Time Cough Drop is to be Administered: when needed

Possible Side Effects of the Cough Drop: choking

> **Start Date for Cough Drop:** _____

> **Termination Date for Cough Drop:** _____ (7 school days from start date)

I give my permission for:

- a. Medication trained school personnel to administer the cough drop(s) at school to my child.**

Signature of Parent/Guardian _____ Date _____

Home Tel. # _____ Work Tel. # _____

Cell Phone # _____