



Madonna Learning Center
7007 Poplar Avenue
Germantown, TN 38138

Please complete the following form, as it will allow me to give your child a few of the *as needed* medications that I keep on hand at school. Medicines will be administered, and parents will be notified. Please let me know if your child has had any of these medicines before coming to school, in the event, I cannot reach you, if a dose needs to be given in the morning.

None of these medications will be administered without this signed consent form.

Child's Name _____ Date of Birth _____

Allergies _____

Permission for *as needed* medications.

Please fill in with **Y** for Yes or **N** for No in each of the blank spaces. If medicine is given to student, a note will be sent home with the details of the medication given, amount and time.

* In the event of a fever or headache, my child may have:
____ Tylenol (acetaminophen) or ____ Advil (ibuprophen) (dose per box based on age).

* Wounds may be washed with ____ Betadine or ____ Peroxide or _____

* In case of a suspected allergic reaction my child may be given Benadryl (diphenhydramine elixir or tablets) (dose per box based on age).
Yes _____ No _____

Parent's signature _____ Date _____

Theresa Krug
School Nurse