

Cough Drop/Throat Lozenge Authorization Form

Student Name _____

This authorization form is valid for **10 school days**. A new form must be filled out each time you wish for your child to take cough drops at school.

Cough drops may be administered to Hartland School students without a doctor's order if the following guidelines have been met:

1. The cough drops/lozenges are provided by the parent/guardian.
2. The cough drops/lozenges are housed in the health office.
3. They do not contain any additional medication such as ibuprofen or acetaminophen.
4. A written note will be honored for first day of use. After the first day, this permission slip must be signed and returned.

*Parents/guardians, please discuss choking hazard and correct cough drop use with your child (no running with a cough drop in your mouth, etc.)

I, the parent or guardian of the above named student have discussed cough drop/lozenge safety and use with my child, and release liability risks associated with cough drop/lozenge use from Hartland School. I give my permission for the above named student to take cough drops in school. I understand that this permission slip will remain in effect for 10 school days.

Parent/Guardian signature: _____ Date: _____