

Name of Student: _____

Parent/Guardian: _____

Quick Notes regarding medication and phone contacts

* The students of Holmstead may request to take Tylenol, Advil and cough drops with permission from Parents or Guardians. In order for me to give your child these over the counter medications for the 2009-2010 school year you will need to sign and return this form. These medications will be given once during the school day.

* Please inform me of all current medications, dosage and times. **NOTE: WE HAVE FOUND IT VERY HELPFUL TO HAVE AN EMERGENCY SUPPLY OF MORNING MEDICATIONS.** Please provide a current prescription bottle, a valid prescription and couple of doses of medication to prevent you from having to make the long trip to school in the event your son or daughter should miss a dose of medication.

- Any student that needs to take medication during the day, including those students with inhaler or nebulizer medications must have medications in an original container and a valid prescription for that medication on file. Any changes through the year can be faxed directly to us at 201-447-4608.
- In the space below please provide current phone numbers for all parents and guardians. Work numbers, home numbers and most importantly **CELL** numbers should be provided in the event we need to reach you during the day. Please provide an alternative emergency contact that has permission to transport your child home in the event they become ill. (neighbors, family members, older siblings)

My son/daughter: _____ has permission to take Tylenol, Advil or cough drops as needed one time during the day while at school.
YES _____ NO _____.

My son/daughter is currently taking the following medications: _____

PARENT/GUARDIAN SIGNATURE: _____

Contact Phone Numbers

Cell Phones:
Work Phones:
Alternative Contacts:

I look forward to meeting all of you on Back to School Night. If you have any questions or concerns regarding your child, please feel free to contact me at the school.

Grace M. Flaherty, BSN,RN,CSN