



**Medication Permission Form  
2010/2011**

STUDENT NAME: \_\_\_\_\_

Grade: \_\_\_\_\_

- In the event that my child has any minor discomfort at school (i.e. headache, sore throat, etc.), The Mountain School's staff has my permission to administer:

(Please check boxes that apply. If box is not checked, medication cannot be administered)

Tylenol (or generic equivalent – acetaminophen)

Advil (or generic equivalent – ibuprofen)

Signed: \_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

**Please fill out a separate sheet for each student. Thank you.**