



**THE
MOUNTAIN
SCHOOL**

School Year 2007-2008

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, it cannot be administered)

Tylenol (or generic equivalent - acetaminophen)

Advil (or generic equivalent - ibuprofen)

Cough Drops

Benadryl (liquid for allergies and rashes only)

Sunscreen (_____)

Signed: _____ Date: _____

Please Print Name

4 Please fill out a separate sheet for each student.

5 Thank you.