

**Barre Unified Union District – Permission to Administer Medicine and In Care
Emergency**

Date: _____

Child's Name: _____

School: _____

I give permission to administer:

Tylenol _____

Ibuprofen _____

Benadryl _____

Parent Signature

Relationship

Date

In care of an accident or illness, I request the school contact me. If unable to reach me and the emergency is urgent, I hereby authorize school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer wherever treatment is necessary at my expense.

Parent Signature

Relationship

Date