



Barre City Elementary & Middle School

Fax (802) 476-1492

50 Parkside Terrace Barre, VT
05641

Pierre Laflamme, PK-8 Assistant Principal
Counselors (802) 476-7889
Nurse (802) 479-6920
Health Office Fax (802) 477-1650

Hayden Coon, PK-4 Principal Chris
Hennessey, 5-8 Principal Office (802)
476-6541

Non-Prescription Medication Permission Form 2021-2022

Date _____

_____ Date of birth _____,

Name of student

at Barre City Elementary & Middle School has my permission to take this non-prescription medication at school. I understand that medications must be delivered to school by a parent/guardian in the original container. Non-prescription medications will only be administered with parent/guardian permission and within the guidelines of the manufacturing label.

Medication(s) _____

Directions _____

_____ Beginning

Date _____ Last Dose _____ Reason

for Giving _____

Signature of parent/guardian _____

School Health office use only:

Date delivered to school in original container _____

Number received _____

Signature of School

Nurse _____ Date _____

Field trip plan completed (if necessary)

“Doing Whatever It Takes to Ensure Success

for Every Child”