

SCOTT COUNTY SCHOOL DISTRICT 1

Austin Elementary School

401 S. HWY 31 SOUTH

AUSTIN, IN 47102

812-794-8743

FAX: 812-794-8788

Beverly Turner, Principal

Melissa Clark, School Nurse

The staff at Austin Elementary School has my permission to give my child Tylenol, Motrin, Anti itch cream, Cough drops, and Triple Antibiotic cream when necessary.

Child's Name

Grade

Parent/Guardian

Date

Home Phone # _____

Cell Phone# _____

Dear Family,

If you send any medication to school with your child please have them turn all medications into the Nurses Station, this includes inhalers, cough drops, etc., and it will be given to your child. Please make sure all medications are labeled with your child's name on the containers with directions for taking the medication. For all Rx medications please send a copy of the Rx when you send the medication. **All medications besides the above will have to have another permission slip signed and on file before your child will receive the medication.**

Thank you,
Melissa Clark
School Nurse