



Dunns' Corners Elementary School: Cough Drop Permission Form  
Permission for: Cough Drops

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_

I give permission for the School Nurse to administer *COUGH DROPS* to my child in the event they should request it.

Signature of Parent/Guardian : \_\_\_\_\_

Please send in cough drops in a labeled package with child's name and note enclosed.  
Thank you!