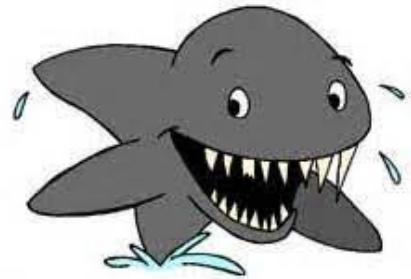


State Street Elementary School Permission Form



Permission for: Cough Drops

Student Name: _____ Date of Birth: _____

Grade / Teacher: _____

Parent / Guardian Name: _____

Parent / Guardian Phone Number: _____

I give permission for the school nurse to administer COUGH DROPS to my child in the event that they request one during the school day.

Parent / Guardian Signature: _____ Date: _____

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