Paradise Schools **Excellence in Education**Health Office

Paradise Elementary/Middle 15533 W. Paradise Lane Surprise, AZ 85374 Main: 623-975-2646 Fax: 623-975-2841

Parent/Guardian signature

MEDICATION RELEASE

Paradise Honors High School 12775 N 175th Ave Surprise, AZ 85388 Main: 623-455-7400 Fax: 623-975-4380

Date

Studen	t Name:		Grade:	Date of Birth:
		(Please Print)		
Does the student have any medical concerns, chronic illness, allergies, or take daily medication? If yes, please specify:				
Any all	ergies to medication:			
adminis	ster over-the-counter me	dications with parental consent. Ene medication to your child. The re	By placing an "X	When this need arises, the school may X" next to the below medications, you grant the dosage of the medication per package directions
Medica	<u>ntion</u>		<u>s</u>	Specific Instructions
	Generic Tylenol	(1-2 tablets, 325mg, 4-6hrs as i	needed) _	
	Generic Ibuprofen	(1-2 tablets. 200mg, 4-6hrs as i	needed) _	
	Cough drops		_	
	TUMS	(2-3 tablets, up to twice a day)	_	
	Benadryl cream for rasl	n/itching	_	
	Hydrocortisone cream for rash/itching			
	Benadryl oral - for food	allergies - (will call before adminis	stering) _	
_	ne medications listed abo /guardian.	ove will be kept in stock in the Hea	ilth Office. An	y other medication must be provided by the
•	I give permission for the school nurse, health assistant or designated person to give my child the above checked medication.			
•	I give consent for mandated hearing and recommended vision screenings as required by state guidelines.			
•	• In case of an accident or serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or guardian can be contacted. Any expense for emergency transport and/or treatment shall be the responsibility of the parent or guardian.			