

Providence Christian School

3800 North Shingle Road · P.O. Box 719
Shingle Springs, CA 95682
Phone: 530.672.6657 · Fax: 530.672.6189

Cough Drop Permission Form School Year: _____

In order to dispense over-the-counter medications, including cough drops, we are required by law to have a consent form signed by the parent or guardian of each student.

Cough drops should be brought to the office by the parent/guardian in their **original package** and labeled with the child's name. Cough drops will be dispensed to the student by the office staff. Students will not be allowed to keep them in their classroom.

Please allow _____ to take cough drops according
to the following directions:
Student's Name

- () Take at the following times: _____
- () Take as needed

Parent or Guardian's Signature

Date