Wood River Rural Middle & High School
13800 West Wood River Road • PO Box 518
Wood River, NE 68883
P: (308) 583-2249 • F: (308) 583-2395

Wood River Rural Elementary
1003 Lilley Street • PO Box 488
Wood River, NE 68883
P: (308) 583-2525 • F: (308) 583-2668

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS
ACETAMINOPHEN-IBUPROFEN-COUGH DROPS-TUMS

Important information for parents/guardians: Your written consent and signature are required before your child may receive these medications at school. Please complete the entire form.

PARENTAL CONSENT FOR OVER-THE-COUNTER (OTC) MEDICATION

Student's Name:_____

Physician/Healthcare Provider's Name and Clinic: _____

I give my permission to Wood River Rural Schools to administer the following medications:

Acetaminophen ("Tylenol") ____ Ibuprofen ("Motrin") ____Cough Drops_____Tums_____

Please complete the following:

My child has has not taken acetaminophen before, without problems.
(circle one)

My child has has not taken ibuprofen before, without problems.
(circle one)

Contact name and phone number if needed:

_____

My child ____is ____ is not taking other medication at this time
(Please list):

_____

Special instructions concerning my child:

Signature of Parent/Guardian:_____ Date: _____

ALL OTC medications will be administered per bottle instructions. Please provide all OTC medication in the original bottle/container. The school will not administer expired medication.