

Oneida Nation School System Cough Drops Documentation form

Student name	Date of birth	Grade
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As the parent and guardian of the above student, I give Oneida Nation School System permission to administer the following cough drop(s) to my child for the following reason or diagnosis:

As part of this administration form, school district employees may contact medical provider with questions, including clarification about indication, dosage, or side effects.

Parent/Guardian signature **Date**

Name of cough drop	How often	Qty delivered	Comments
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Staff signature who received cough drop delivery **Date**

Date given	Time/Initials				
Staff name	Initials	Staff name	Initials		

