## Oneida Nation School System Cough Drops Documentation form

Student name		Date of birth	Grade					
As the perent and	guardian of the above	student Laive Onei	ida Nation Cabaal C	vetem nermission to	a desinistar tha			
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:								
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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 s	ignature	Date						
		<b>Dutc</b>						
Name of cough drop		How often	Qty delivered	Comments				
Staff signature wh	o received cough dro	 p deliverv		Date				
Staff signature who received cough drop delivery  Date								
Data sirra								
Date given			Time/Initials					
Staff name		Initials	Staff name		Initials			