



KEYSTONE SCHOOL

119 E. Craig, San Antonio, TX 78212

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www.keystoneschool.org

Medication Permission Slip

I, _____, do hereby give permission for Keystone School authorized personnel to administer the following medication to my child, _____.

Please place a check beside the medication permitted without a telephone call to a parent/guardian:

Acetaminophen for minor discomfort.

Ibuprophen for minor discomfort.

Benadryl for allergic reactions that may occur at school during the day.

Pepto-Bismol for an upset stomach.

Rolaid's for an upset stomach.

Tums for an upset stomach.

If you prefer to be called before medication is given to this student, PLEASE CHECK HERE: _____

Any other medication requested by parents should be labeled with name of student, name of medication and directions including the time(s) requested.

NOTE: All medication should be brought to the office and remain there during the day.

Date

Signature of Parent or Guardian