GROESBECK HIGH SCHOOL Athletics

Dear Parents,

The athletic trainer and coaches cannot give acetaminophen, NSAIDs, or other forms of "medication" to students without permission from their parents. If you would like for your child to receive medication at the school when they have fever, cold, headache, etc., please fill out the form below. We will not give any medications to any athlete who does not fill out this permission slip.

I give permission to the athletic trainer and coaches to give medication to

______if needed.

I will not hold the school responsible if my child has a reaction to the medication.

Parent/Legal Guardian Signature

If any other medication or prescription drug is sent to the school, I will send a signed note by my physician or me. I will not hold school personnel responsible if my child has a reaction to the medication. I also understand that school personnel cannot give the first does of any medication. All medications must be in the appropriate labeled bottle, (i.e., prescriptions in the prescription bottle and any other over the counter medication in the original bottle).

Print Parent/Legal Guardian Name	-
Signature of Parent/Legal Guardian	_Date
Parent/Legal Guardian's Address	
Parent/Legal Guardian's Telephone Number	