



Fletcher Academy Medical Statement

Student _____
Father _____
Mother _____
Guardian _____

Allergies: (Please list all food and drug allergies)

Are you on medication now? Yes No

If so please list ALL medications: _____

For dorm students **all medications** are required to be kept with the dean – never in your room. Go to the dean each time you need your medication. Please note it is not the dean’s responsibility to remind you to take your medication. It is your personal responsibility to go ask for it.

Each bottle **MUST** be labeled with the appropriate prescription label.

If you do not take your medication as prescribed by your doctor this could be considered a violation of school policy. Please note, **NOT** taking your medication as prescribed could be cause for dismissal.

Fletcher Academy staff will dispense Tylenol, Motrin, Tums, Benadryl, Cough Medicine, or charcoal tablets to any student that is deemed to need it. If this is acceptable to you please sign the statement below.

Any other medication specific to the students’ needs are the responsibility of the parents to provide.

Fletcher Academy staff **has my permission** to give my child Tylenol, Motrin, Tums, Benadryl, Cough Medicine, charcoal tablets, or other over-the-counter medications as necessary throughout my child’s attendance at Fletcher Academy. If my wishes change regarding this permission slip then I will notify the dean and school nurse immediately.

Parent/Guardian _____ Date _____

or

Fletcher Academy staff **does NOT have my permission** to give my child any medication whatsoever.

Parent/Guardian _____ Date _____