

Northland Preparatory Academy
3300 E. Sparrow Ave
Flagstaff, AZ 86004
928-214-8776
928-214-8778 (FAX)

Permission to Take Medications

I, _____, give permission to the NPA administrative staff,
(Parent or Guardian)

to give my child, _____, the following types of medication
(Student's Name)

NOT exceeding package directions, unless authorized in writing by a physician:

Please check all medications allowed

Dosage:

___ Tylenol (or generic)

___ Ibuprofen

___ Tums/Rolaids

___ Cough Drops

___ Benadryl

___ Other _____

___ Allergy Alert-Student allergic to the following:

Please include Epipen for severe allergies, and any special instructions.

Parent Name _____ Date _____
(Please print clearly)

Parent Signature _____