



MSD of Martinsville

389 E. Jackson Street, Martinsville, IN 46151

(765)342-6641 Fax (765)349-5262

Dear Parent or Guardian,

We will not administer any medications without your written permission. The state of Indiana requires permission for

- Cough drops
- Antibiotic ointment
- Tums (available at Bell, Wooden, MHS only)
- 1 time dose of pain reliever (tylenol or Ibuprofen) available at Bell, Wooden, MHS only.

Allergies: _____

Diagnosed Medical
Conditions: _____

Other: _____

Students may bring in a sealed container of mild pain reliever/cold medicine/etc. It will be labeled and stored in the clinic for your child. Parents must supply medication along with this signed medical form. Package directions will be followed.

Student's Name: _____

DOB: _____

Grade: _____

X _____ Date: _____

Parent/Guardian