

Penn-Harris-Madison School Corporation

**AUTHORIZATION TO ADMINISTER NON-
PRESCRIPTION MEDICATION**

Student Last Name _____
First Name _____
Student Age _____ School _____ Grade _____

I give permission for my student to be administered the following medications provided by the school if needed, according to the package directions for the student's age: (please check below)

_____ Ibuprofen (Advil, Motrin)
_____ Acetaminophen (Tylenol)
_____ Antacid (Tums)

Medication Allergies _____

Parent Signature _____ Date _____

(This form will need to be renewed each school year)

5-27-15 TAV

Community & Corporate
Wellness
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3898

Family Medicine Center
811 E. Douglas Rd., Ste. 407
Mishawaka, IN 46545
574.335.6500

Mobile Medical Unit
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3898

Prenatal Care Coordination
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3887

Saint Joseph Health Center
116 E. Washington St.
Plymouth, IN 46563
574.941.2264

School Health Initiatives
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3897

Senior Services
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3891

Sister Maura Brannick,
CSC, Health Center
326 Chapin St.
South Bend, IN 46601
574.335.8222

Tobacco Initiatives
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3896