



P.O. Box 865, North Bennington, Vermont, 05257  
 (802) 442-4601  
 www.southshire.org  
 2023-2024 School Year

**PERMISSION FOR TREATMENT**

A reasonable effort is made to contact and inform the parents or guardian in case emergency medical, dental. Psychological and surgical diagnosis, care, treatment and/or hospitalization is deemed necessary or advisable for the student. On some occasions, the parents or guardians cannot be reached. Accordingly, parents or the guardian are requested to sign the following:

The undersigned, being the parent(s)/guardian of \_\_\_\_\_  
 STUDENT'S FULL NAME

A student at SOUTSHIRE COMMUNITY SCHOOL, do(es) authorize its personnel to consent to health diagnosis and/or treatment for my/our above-named child whether it be medical, psychological and/or surgical (including provisions of necessary anesthesia, if indicated) and to release any information to facilitate diagnosis, care and/or treatment deemed necessary by the school personnel.

In addition, during the school years which my child attends SOUTSHIRE COMMUNITY SCHOOL I/we hereby acknowledge and awareness that participation in all sports, activities and events involves a risk of injury, which may rarely include severe injuries possibly involving paralysis, permanent mental disability, or death and that these injuries may occur in some instance as the result of unavoidable accidents. I/We accept these risks in giving consent to participation by my/our child in all sports, activities, events during the year.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

My child may receive the following medications at school if needed (please indicate yes or no for all)

Medication	Yes or No	Medication	Yes or No
Tylenol		Benadryl (allergic reaction)	
Caladryl Lotion (insect bites)		Ibuprofen	
Muscle Rub		Neosporin	
Sunscreen		Insect Spray (non Deet)	
Cough Drops		Hydrocortisone Cream	
Antacid tabs		Antibiotic Ointment	

\*If your child will be taking prescription or non-prescription medications on a daily basis, please see a teacher to make arrangements.

\*\*No medication can be sent in with students. They must be brought to a teacher by a Parent/Guardian.

**Prescription medication** requires written authorization from a parent and must be in the student's name, preferably in the prescription bottle.

**Nonprescription** medications require written authorization from a parent including dose and times medication is to be given.

**All medications must be given to the teachers.**

**ACTIVITY AND TRIP CONSENT**

Unless written notice to the contrary is received in advance, \_\_\_\_\_

STUDENT'S NAME

Shall be deemed to have permission to take part in any and all activities on or off school grounds and to ride in vehicles driven by SOUTHSIRE faculty members or parents or in vehicles chartered by the school.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN