

MEDICATION PERMISSION FORM

FOR ALL STUDENTS IN GRADES 6-12

Student name _____ Grade level _____

Permission for the administration of over-the-counter medications during school attendance.

I give my permission for authorized school personnel to administer over-the-counter medications/treatments to the above named student for minor discomforts and injuries. I understand that these medications will NOT be given for fever.

Please initial all the following to allow authorized personnel to give:

_____ Cough drops
_____ Acetaminophen (equivalent for Tylenol)
_____ Ibuprofen* (Advil, Motrin or equivalent)

**Students under age 12 will only be given junior strength ibuprofen. This will not be supplied by the district.*

Note: Stock bottles of acetaminophen, regular ibuprofen and cough drops are provided in each building. If students bring any over-the-counter medication (including junior strength ibuprofen) from home, it must be in the original container and be clearly labeled with child's name. The school district no longer stocks junior strength ibuprofen for students.

I understand that any school employee who administers any of the above medications, in accordance with the prescription and/or over the counter directions, to my student shall not be liable for damages as a result of an adverse reaction suffered by the student due to this administration. **I further acknowledge that the above student has taken the medication(s) previously (or the initial dosage) and has experienced no adverse reactions.**

Parent/legal guardian signature _____ Date _____

Permission for the administration of prescription medications during school attendance.

Medication: _____ Dosage: _____ Date of initial dose: _____

Reason for Rx: _____

Time of day Rx to be given: _____ Anticipated duration of Rx at school: _____

Physician comments:

Physician signature* _____ Date _____

Parent/legal guardian signature* _____ Date _____

**REQUIRED for all students in grades K-12 in order to authorize the dispensal of above prescription medication(s) at school.*

Note: Any prescription medication is to be brought to school in the original container appropriately labeled by the pharmacy stating:

1. Name of the student
2. Name of medication
3. Dosage and time to be administered
4. Number of days to be administered
5. Current prescription date

(Both sides of this form must be completed.)