

Albany Area Schools
Non-Prescription Medication Form
Middle and High School Students ONLY

A student may possess and use non-prescription/over the counter pain relief, (i.e. Tylenol, Ibuprofen, Midol), cold and allergy medication consistent with the labeling. The parent/guardian must sign the below authorization form annually for the student to self-administer the **identified** medication. The medication must be in the original container. No cold or allergy medication containing ephedrine or pseudoephedrine will be allowed. Students may NOT share their medications with other students. The school district may revoke the student's privilege to possess and use the medication at any time if the district determines that the student is abusing the privilege.

*Students can bring in their own medication, in the original labeled container, to keep in their locker. Any over the counter medication must be administered according to the directions on the medication bottle.

Student Name: _____

Grade: _____

Medication(s) allowed:

I authorize the above named student to self-administer the indicated medication(s) consistent with the labeling of the product.

Parent/Guardian Signature

Date

*Please return this completed form to the Health Office