

Over-The-Counter Pain Medications

Parent/Guardian Request for Student Self-Administration Grades 7-12

ISD 282 St. Anthony/New Brighton Schools

Student Name: _____ Grade: _____

Medication(s) requested to be self-carried and self-administered: (please check)

_____ Acetaminophen (Tylenol)

_____ Ibuprofen (Advil, Motrin)

_____ Naproxen (Aleve)

1. Minnesota medication law for schools allows for parents/guardians to authorize their student in Grades 7-12 to self-carry and self-administer non-prescription pain medications according to label directions such as Tylenol (acetaminophen) or Advil (ibuprofen). The medication must be in the original package with appropriate label. MN Statute 121A.222.
2. The St Anthony/New Brighton School District may revoke the privilege if the district determines that the student is abusing the privilege.
3. Student agrees to use the medication only as indicated on the label (example take 1 tablet every 4 hours) and not share the medication with others. Student further agrees to keep the medication secure in a locker or backpack.
4. This authorization is valid for the school year in which it is signed. A new form is required for each school year.
5. According to state statute, students cannot possess or self-administer any medication that contains ephedrine or pseudoephedrine as an active ingredient.
6. Any prescription medication must be administered by health office staff and have written authorization from a healthcare provider and parent/guardian.
7. Children and teens should not take aspirin unless directed by a healthcare provider due to the risk of Reye's Syndrome following a viral illness such as the flu.

Name of Parent/Guardian Authorizing : (PRINT) _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____