



9th-12th Nonprescription Pain Medication Authorization

School Year: _____ School Name: _____ Grade: _____

Student Name: _____ Date of Birth: _____ Medication Allergies: _____

Parent/Guardian please select one or more of the following nonprescription medications:

____ Acetaminophen (generic Tylenol®) 325mg 1-2 tablets (325mg-650mg) per medication label instruction and nurse assessment.

____ Ibuprofen (generic Advil®) 200mg 1-2 tablets (200mg-400mg) per medication label instruction and nurse assessment.

____ Naproxen (generic Aleve®) 220mg 1-2 tablets (220mg-440mg) per medication label instruction and nurse assessment.

Parent/Guardian please select an option:

- My son or daughter may self-carry and self-administer the nonprescription pain medication(s) selected above. I am responsible for supplying the medication. I agree to consult my student’s licensed health care provider for medication information and safe dosage instructions. It is my responsibility, along with my son or daughter, to ensure the medication is taken correctly.
- My son or daughter may receive the nonprescription pain medication(s) selected above in the school health office. I am responsible for supplying the medication. The medication will be administered under the supervision of a Registered Nurse and only one medication will be given at a time. **I am also responsible for picking up the medication directly from the health office. Medication not picked up by the last day of school will be discarded as Pharmaceutical Waste.**

Parent/Guardian understands the following guidelines must be followed:

- Only medications listed above are approved. Students should not take aspirin products as pain relievers because of the association with Reye’s syndrome. Student medication may NOT contain aspirin, ephedrine or pseudoephedrine as the sole active ingredient or as one of its ingredients.
- Medication brought to school must be in the original manufacturer’s packaging with a list of active ingredients, student’s name and recommended dosage on the package.
- The medication dosage must not exceed the dosage instructions listed on the bottle; the original medication container’s directions and precautions must be followed.
- The student must not share the medication with anyone else.
- The parent or guardian must submit yearly written authorization for the student to receive approved nonprescription pain medication in the school health office and/or for student self-administration of nonprescription medication.
- This procedure is for approved nonprescription pain medication only. Licensed health care provider AND parent/guardian signatures are required for all other medication(s) given at school.
- If my son or daughter does not follow the guidelines, I understand that his/her permission to self-carry and self-administer the medication may be taken away.

Please note: The school nurse has ultimate authority and responsibility to reject a parent or guardian’s request to administer an over-the-counter medication (OTC) if the nurse believes such medication is unnecessary, inappropriate or could lead to student harm. In addition, nonprescription medication(s) may require authorization from a licensed health care provider (i.e. request to administer an OTC medication in a higher than recommended therapeutic dose).

Signature of Parent/Guardian

Daytime telephone number

Date