

School District 197

Authorization for Self-Carry

Self-Administration of OTC Medication



Student's Name: _____ Birth Date: _____ Date: _____
Allergies: _____

School: Henry Sibley High School Friendly Hills Middle School Heritage E-STEM Middle School

Grade: 7th 8th 9th 10th 11th 12th

Procedure for Students in Grades 7-12 to Carry and Use OTC Pain Relief Medication at School:

- The school district does not provide medication.
- Medication must be in the original manufacturer's bottle with the labeling intact.
- Parents will direct student on proper dosage and frequency per label directions.
- Signed parental consent is required.
- Permission will be revoked if the school determines that student is abusing the privilege.
- No products containing ephedrine or pseudoephedrine as an active ingredient are allowed.
- Authorization must be renewed for each school year.
- Student must not share medication with any other students.
- Student will seek assistance from the Health Office staff if they experience unusual side-effects or do not experience pain relief as expected from their medication

COMPLETED BY PARENT/GUARDIAN:

My student requires the following over-the-counter pain relief medication: **Acetaminophen (Tylenol)** and/or **Nonsteroidal Anti-Inflammatory Drugs (NSAIDS), Ibuprofen or Naproxen only, no combination meds.**

List medication names below:

Parent/Guardian Printed Name

Parent/Guardian Signature

Phone Number #1: _____

Phone Number #2: _____

COMPLETED BY STUDENT:

I agree to:

- Not share medications with any other students.
- Notify the Health Office staff if I am not getting pain relief as expected.
- Notify the Health Office staff if I am having unusual side-effects after taking my OTC medication.

Student Signature

Date

Student may self-carry/self-administer above-listed OTC medication: _____

Licensed School Nurse