



School Year _____

Elementary/Middle School Ibuprofen (Advil, Motrin) and Acetaminophen (Tylenol) Authorization Form

Minnesota state law (statute 121A.222) allows students to use nonprescription pain relief in the school setting without a written medical provider order provided the medication is taken in a manner **consistent with the labeling on the medication**. The district must have received a written authorization from the parent or guardian and this authorization must be submitted each school year. Faribault Public Schools Health Services will require the medication be stored in the original container in the Health Office for students and administered by the Health Office Staff. Any more than 5 doses a month, requires a medical providers authorization. Faribault Public Schools do not supply any medication.

Student Name _____ Date of Birth _____

School _____ Teacher/Advisor _____ Grade _____ Weight _____

Parent/Guardian Authorization

Medication _____

Medication is given according to the manufactures labeling on the package.

Reason(s) for use _____

I request and authorize the administration of the above medication during the school day.

I understand that an adult needs to deliver this medication directly to the health office.

I request and authorize my student to take this medication home at the end of the school year, or when expired.

Yes No, I will pick this medication up.

★ Parent/Guardian Signature: _____ Date: _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email: _____

This form expires the last day of school. All medication not picked up on the last day of school will be destroyed.