

**Glenbrook High School District 225
Glenbrook North High School
Glenbrook South High School**

**School Medication Authorization Form
OTC (Over-the-Counter) MEDICATIONS**

Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for administration of any medication at school. Please complete the following information, circle your preference of which over-the-counter medication(s) you would like your child to have permission to take, while at school, and provide the appropriate signatures at the bottom of this form. This form will be kept on file in the Health Office/Nurse's Office and will be valid until graduation.

Student Name: _____

ID# _____

Tylenol or Advil Permission

Please **circle** which medication you would like your child to have permission to take during the school day. **The Health Office stocks a generic supply of the medications listed below (acetaminophen and ibuprofen).**

Tylenol 325mg 1-2 tablets
(Every 6 hours as needed)

Advil 200mg, 1-2 tablets
(Every 6 hours as needed)

Tylenol 500mg (Extra strength) 1 -2 tablets
(Every 6 hours as needed)

Parent/Guardian & Physician Authorization

I authorize Glenbrook High School District 225 to administer said medications to my child, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Physician's Name (Printed) _____ **Date** _____