



LAKES INTERNATIONAL LANGUAGE ACADEMY
An IB World School

Self-Administration of Non-prescription Pain Medication Lakes International Language Academy- Upper School

Year _____ Grade _____

Student Name _____ Date of Birth _____

Medication _____

Purpose of Medication _____

I give permission for my student to self-administer the above medication at school for the purpose listed.

I understand the following guidelines must be followed:

- The medication must be a non-prescription pain medication (for example, Tylenol, Ibuprofen, Motrin). All other over-the-counter medications must follow Policy 344 LILA Medication Policy.
- The Medication may NOT contain ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.
- The medication must be used as stated on the label (for example, one tablet every four hours as needed).
- The medication must be brought to school in a properly labeled bottle and not expired.
- The student must not share the medication with anyone else.
- The parent or guardian must submit written authorization for the student to self-administer the medication each school year.

If my student does not follow the above guidelines, I understand that his/her permission to self-administer the medication can be taken away.

Signature of parent/guardian

Date

Daytime phone number (work or other)

Cell phone number