

**FREEPORT AREA SCHOOL DISTRICT
CONSENT TO ADMINISTRATION OF ACETAMINOPHEN/IBUPROFEN AS NEEDED**

Parents of Middle School and High School students have the option of providing written permission for over-the-counter Acetaminophen and/or Ibuprofen to be given by the school nurse when appropriate during the school day. The medication will be kept in the nurse's office and administered in accordance with district policy and school physician orders.

Student's Name: _____ **Grade:** _____

I give permission for the school nurse to administer Acetaminophen and/or Ibuprofen to my son/daughter when appropriate during the school day.

Parent or guardian signature

Date