Consent for Administering Stock Medications at School

Tylenol, Ibuprofen, Benadryl, and TUMS (or generic brands), are kept in stock **ONLY** at middle and high school levels and are offered as a courtesy to students and parents/guardians. Stock medications will be given as directed on the package.

_____ _____ _____
Student Name Grade Date of Birth

The above named student may receive the following stock medications **during the current school year**:

State law requires parent/guardian permission, in writing, before school health staff can provide any stock medication at school.

Please *check the medications* you would like available to your student *and* the quantity to dispense:

Medication	Dose	Dose
Acetaminophen (Tylenol)	☐ 1 tablet - 325 mg	☐ 2 tablets - 650 mg
Ibuprofen	☐ 1 tablet - 200 mg	☐ 2 tablets - 400 mg
Diphenhydramine (Benadryl)	☐ 1 tablet - 25 mg	
Calcium Carbonate (TUMS)	☐ 1-2 tablets - 500-1000 mg	

I certify my child has no known allergies to the above checked medications.

My child is known to be allergic to the following medications: _____

Additional Instructions:
_____

_____

As the parent or guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my child.

I hereby give permission to designated school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form.

I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication.

I further agree to hold the Appleton Area School District, and the AASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

_____
Signature of Parent/Guardian Date