School District 197
Authorization for Self-Carry Self-Administration of OTC Medication

Gr. 7-12+

Student's Name: _____ **Birth Date:** _____ **Date:** _____

Allergies: _____

School: Friendly Hills Heritage E-STEM Two Rivers HS Branch Out

Grade: ❑ 7th ❑ 8th ❑ 9th ❑ 10th ❑ 11th ❑ 12th ❑ 12+

Procedure for Students in Grades 7-12 to Carry and Use OTC Pain Relief Medication at School:

- The school district does not provide medication.
- Medication must be in the original manufacturer's bottle with the labeling intact.
- Parents will direct student on proper dosage and frequency per label directions.
- Signed parental consent is required.
- Permission will be revoked if the school determines that student is abusing the privilege.
- No products containing ephedrine or pseudoephedrine as an active ingredient are allowed.
- Authorization must be renewed for each school year.
- Student must not share medication with any other students.
- Student will seek assistance from the Health Office staff if they experience unusual side-effects or do not experience pain relief as expected from their medication.

COMPLETED BY PARENT/GUARDIAN:

My student requires the following over-the-counter pain relief medication: Acetaminophen (Tylenol) and/or Nonsteroidal Anti-Inflammatory Drugs (NSAIDS), Ibuprofen or Naproxen only, no combination meds. List medication names below:

_____

_____ _____

Parent/Guardian Printed Name Parent/Guardian Signature

Phone Number #1: _____ Phone Number #2: _____

COMPLETED BY STUDENT:

I agree to:

- Not share medications with any other students.
- Notify the Health Office staff if I am not getting pain relief as expected.
- Notify the Health Office staff if I am having unusual side-effects after taking my OTC medication

_____ _____

Student Signature Date

Student may self-carry/self-administer above-listed OTC medication: _____

Revised: 09/24 Licensed School Nurse