



3447 East Carson St. • Pittsburgh, PA 15203
Phone: 412-325-7305 • Fax: 412-325-7309
www.propelschools.org

School Year: 2024-2025

Scholar Name: _____ Grade: _____ Date of Birth: _____

Propel Schools is excited to grow our Health Office services, thanks to our partnership with Dr. Robin Sims and Dr. Jerome Gloster from Primary Care Health Services (PCHS). This partnership will provide standing medication orders for acetaminophen (Tylenol) and ibuprofen (Motrin) to be administered at the nurse's discretion, with parent/guardian permission. The school nurse will adhere to the recommended dosages as outlined in the standing orders. This consent form remains valid for the current school year. A new form will be required for subsequent years or if there are changes in medications. The Over The Counter Medication Policy can be found on the Propel website.

Acetaminophen/Tylenol Allergy/Sensitivity/Contraindication:

_____ My scholar DOES NOT have any known allergies, sensitivities, or contraindications to Acetaminophen/Tylenol.

_____ My scholar DOES have any known allergies, sensitivities, or contraindications to Acetaminophen/Tylenol.

Ibuprofen/Motrin Allergy/Sensitivity/Contraindication:

_____ My scholar DOES NOT have any known allergies, sensitivities, or contraindications to Ibuprofen/Motrin.

_____ My scholar DOES have any known allergies, sensitivities, or contraindications to Ibuprofen/Motrin.

I permit my scholar to receive the following medication according to the Propel standing orders:

Acetaminophen (Tylenol) _____ Yes _____ No

Ibuprofen (Motrin) _____ Yes _____ No

I waive and release the school/network and any school/network employee from any and all liability or responsibility for the administration of the medication or benefits or consequences of the medication and acknowledge that the school/network bears no responsibility for ensuring that the medication is taken. I also give my permission for the school nurse to contact the licensed prescriber, as necessary, regarding the medication. By signing this form, I affirm my release and waiver.

Date Signature of parent/guardian Relationship to Scholar Propel School



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