

Self-Administration of OTC Analgesics Authorization

When self-administration of non-prescription pain medication (Ibuprofen or Acetaminophen) is appropriate for an individual student in middle or high school, the procedure must be done safely, carefully and accurately. **A student may not be allowed to carry any product containing Aspirin or Pseudoephedrine.**

If unsure if a certain OTC can be carried by the student, please contact Health Services.

This form must be completed by the parent/guardian, signed by the student and returned to the School Health Services.

****OTC medications need to be in bottle or package and cannot be loose with student.**

Discovery Middle School FAX 320-762-8347
Alexandria Area High School FAX 320-335-2249

School Year:

Student Name: _____ Birthdate: _____ Grade: _____

Medication	Condition	Dosage	Time	Route	Possible Side Effects
Ibuprofen (i.e. Motrin)		As directed on bottle	As needed (per bottle)	Oral	
Acetaminophen (i.e. Tylenol)		As directed on bottle	As needed (per bottle)	Oral	
Cough Drops		As directed on package	As needed	oral	

Parent/Guardian Authorization

1. I request that my child be allowed to carry and self-administer the above medication. I also request the medication be allowed on field trips if needed.
2. I release the school personnel from liability in the event adverse reactions result from my child self-administering the medication(s).
3. I will notify the school of any changes in the medication(s). (i.e. dosage change, medication discontinued)
4. I give permission for the school nurse to communicate with the child's teachers about the child's health condition(s) and the action of the medication(s).

Parent/Guardian Signature: _____

STUDENT AGREEMENT

I AGREE TO:

- Use correct dosage of my medication
- Not allow anyone else to use my medication.
- Be responsible for having my medication

Signature of Student: _____

Date: _____

This authorization is in effect for the school year in which it is written unless otherwise noted here.

NOTE: If the school nurse doesn't agree with the parent's instructions after assessing the competencies of the student, the school nurse will contact them to agree upon a plan. Permission for the self-administration may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement.