

**STUDENT OVER-THE-COUNTER
NON-PRESCRIPTION
PAIN RELIEVER MEDICATION
SELF-ADMINISTRATION
PARENT PERMISSION FORM**



I give permission for my child, _____, to self-administer over-the-counter (OTC) pain reliever medication(s) such as acetaminophen, ibuprofen, or naproxen at school. The medication must be in the original container and the medication must be used in a manner consistent with labeling instructions, and not shared with any other student. **No products containing ephedrine or pseudoephedrine** as its sole ingredient are allowed. The privilege to self-administer non-prescription medications will be revoked if the student does not follow the above guidelines.

The permission is valid for secondary students for the current school year only.

OTC MEDICATION(S): _____

Parent/Guardian Signature: _____ Date: _____

Work Phone: _____ Home Phone: _____