



# PARENT PERMISSION AND REQUEST TO ADMINISTER NON-PRESCRIPTION PAIN RELIEVERS 2021-22

This form must be updated annually

Medication shall be administered only when the student's health requires medication be given during school hours. Students will not be allowed to self-administer medications.

**Non-prescription pain relievers will not be supplied by the school.** Parents must supply all properly-labeled medication in its original container, with the student's name and grade clearly marked. Medications will be kept in a locked cabinet in the health room and be administered by the school nurse or supervised designee. Upon termination of the pain relief administration, any unused medication will be returned to the parent named in this form.

Minnesota State Law (M.S. 126.201) requires medications which are administered at school must be in a container or prescription bottle properly labeled by a pharmacist or physician.

## NON-PRESCRIPTION PAIN RELIEVERS: IBUPROFEN (such as Advil), ACETAMINOPHEN (such as Tylenol)

### *Medication and Dosage Details (all fields required):*

_____		<b>is to</b>	_____	
PATIENT'S NAME and GRADE		<b>receive:</b>	NAME/BRAND/TYPE OF MEDICATION AND EXACT DOSAGE	
_____		<b>for the</b>	_____	
<b>at</b>	TIME(S) OF DAY	<b>treatment</b>	<b>of:</b>	

### Possible side effects include:

<b>Start Date:</b> _____	<b>End Date:</b> _____	<b>Unused medication should be:</b>	<input type="checkbox"/> returned to the parent via the student named in this form	<b>or</b>	<input type="checkbox"/> held at the office for the parent to pick up
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### PARENT/GUARDIAN

*I hereby authorize the school nurse or designated school personnel to administer the above medication.*

_____		_____	
PARENT/GUARDIAN SIGNATURE		DATE	
_____			
PARENT/GUARDIAN NAME (PRINT)			
_____			_____
EMAIL	DAYTIME PHONE	CELL PHONE	