



Forest Lake Area Schools
Authorization for Self-Carry/Self-Administration of
Over-The Counter Pain Medication

School Year: _____

Student: _____ DOB: _____ Date: _____

Allergies: _____

School: (check) Middle School Senior High Community School

Grade: (check) 7th 8th 9th 10th 11th 12th

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 here:

_____ Parent/Guardian Printed Name Parent/Guardian Signature

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

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 or having unusual side-effects after taking my OTC medication

_____ Student Signature Date

Student can self-carry/self-administer above listed OTC medications: _____

_____ Licensed School Nurse (LSN)

Inspire the learner; ignite the potential!