



Forest Lake Area Schools
Over-The-Counter Medication
Authorization for Administration of Medication
 School Year: _____

Student: _____ DOB: _____ Date: _____

Parent/Guardian: _____

School: (circle) Southwest Jr. High Century Jr. High Senior High

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

Medication is not provided by the school district
 (See back for guidelines)

To Authorized School Personnel: Secondary Only

Allergies: _____

I hereby request and authorize you to administer to _____
 (Student's Name)

Medication Options	Indicate Medication	Specific Reason for Use (medication will only be given for this reason)
Ibuprofen (Advil)		
Acetaminophen (Tylenol)		
Cough Drops		
Chewable Antacid		

Dosage: _____ Student's Weight: _____
 (Per label directions, can not exceed label recommendations)

Frequency: _____
 (Per label directions, can not exceed label recommendations)

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.

I release school personnel from the liability in the event any reaction results from the administration of this medication.

 Parent/Guardian Signature Phone # (H) _____

Phone # (W) _____ Phone # (Cell) _____ E-mail: _____

Reviewed by Licensed School Nurse (LSN) _____ Date: _____

Over-The-Counter Medications
Allowable per Parent /Guardian Request and Signature

Only Middle School & High School Students

- Ibuprofen: common brand name Advil
- Acetaminophen: common brand name Tylenol
- Cough Drops
- Chewable Antacids: common names Tums, Maalox

Parent/guardians must complete and sign an Authorization of Administration of Medications form (yearly) before school staff will administer over-the-counter medications.

A specific reason for when the medication should be given needs to be listed on the form. For example “give Ibuprofen for pain” is too general. You will need to indicate where or what type of pain.

Over-the-counter medications must be provided in a **sealed, original labeled,** container. Limit the number of pills/tablets to 30 or less.

Over-the-counter medications will only be administered to a student according to the label directions.

The health office **will not** have a supply of allowable medications

The Licensed School Nurse (LSN) has the ultimate authority and responsibility to reject a parent’s request and to decline to administer an over-the-counter medication. If the nurse believes that such medication is unnecessary, inappropriate, and excessive or could lead to patient harm.

Medications will need to be picked up at the end of the school year. Remaining medication will be destroyed.