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

School Year: _____

Student: _____ DOB: _____ Date: _____

Allergies: _____

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

Grade: (circle) 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 and/or Nonsteroidal Anti-Inflammatory Drugs (NSAIDS), such as Ibuprofen or Naproxen only)**
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!