



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

School Year:

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies:

School: Middle School Senior High Community School

Grade: 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**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 below \_\_\_\_\_ Prefer to have medication kept in health office \_\_\_\_\_

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!*