



RANDOLPH SCHOOL DISTRICT

Home of the Rockets

Permission for Administering Stock Medications at Randolph School District 2022-2023: Acetaminophen (Tylenol), Ibuprofen (Motrin), Benadryl and/or Hydrocortisone 1% cream

Student Name

Date of Birth

Acetaminophen (Tylenol), Ibuprofen (Motrin), Benadryl, and/or Hydrocortisone 1% cream will be kept in stock at school levels and are offered as a courtesy to students. State Law requires a parent or legal guardian to give permission annually before the school can provide medication. The student named above may receive the following stock medication during the school year.

Please **check the medications** you would like available to your student. Stock medication will be given as directed on the package.

- ☐ Acetaminophen 325 mg tablet as needed every 4-6 hours for pain.
- ☐ Ibuprofen 200 mg tablet as needed every 6 hours for pain.
- ☐ Benadryl 25 mg tablet as needed every 4-6 hours for itching, rash, allergic reaction.
- ☐ Hydrocortisone 1% Cream for itching skin and rash.

Additional Instructions: _____

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- ☐ I certify my child has no known allergies to the above-circled medications.
 - ☐ As the parent or legal guardian of the above-named student, I will keep the school district aware of any changes in medication(s) or health concerns of my child.

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I hereby give permission to designate school personnel/chaperone to give the above-selected medication to my child during the school day, including when away from school property on official school business, according to the written instructions on the package. I hereby agree to give my permission to the school nurse and/or school staff to contact the child's physician if needed.

I hereby give permission to designated school personnel to notify other appropriate school personnel of medication administration and possible adverse effects of the medication.

I further agree to hold Randolph School District, and the employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

I agree to notify the school at the termination of this request or when any change in the above order is necessary.

Signature of Parent/Guardian

Date