Pequot Lakes Schools
Middle School and High School
Nurse's Office phone: (218) 568-9207
FAX: (218) 568-4680

Over-the-Counter Acetaminophen or Ibuprofen at School

Name of Student: _____ Birth Date: _____

School: _____ School Year:_____ Grade: _____

Reason for Use	Medication	Strength	Dose	Time	Route	Comments
1. Pain/Fever	Acetaminophen (Tylenol)				Oral	
2. Pain/Fever	Ibuprofen (Motrin, Advil)				Oral	

Student's regular Medical Provider is _____

- Parent/guardian is responsible for providing either over-the-counter medication.
- Any medications other than Acetaminophen or Ibuprofen must have a licensed prescriber's signature. (Aspirin or Aspirin-containing products will not be administered without instructions and a signature from a medical provider.)
- School personnel will not accept or administer any medications that are not sent to school in the original container with original labeling.
- Without a licensed provider's written instructions and signature, over-the-counter Acetaminophen or Ibuprofen will only be administered according to the usage and dosage parameters indicated on the bottle. (This includes uses and indications.)
- The medication must be stored in the health office.
- Parents/guardians must notify the school nurse if the medication needs to be discontinued.
- Parents/guardians must notify the building nurse if the medication was given at home prior to coming to school (to prevent accidental overdosing).
- This authorization needs to be completed each school year and will not be automatically renewed.
- The school district retains the discretion to reject requests for the administration of medication if the procedure is not followed.

If you have any questions, please contact your building nurse.

Parent / Guardian Authorization

1. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
2. Tylenol or ibuprofen will be sent home with my student on the last day of school unless I notify the health office otherwise. The health office will not store any medications over the summer, and does not destroy unwanted medication.
3. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
4. I give permission for the school's nurse to consult with the above-named student's physician regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
5. I give permission for the medication(s) to be delegated to another school staff by the Licensed School Nurse.

_____ _____ _____

Date Parent/Guardian Signature Relationship to Student