Self-Administration of Non-Prescription Pain Medication for Secondary Students

Student: _____ Birth Date:_____

School Year: _____School: _____ Grade:_____

Medication:_____

Purpose of Medication:_____

I give permission for my student to self-administer the above medication at school for the purpose listed. I understand the following guidelines must be followed:

- The medication must be a non-prescription pain medication (e.g., Acetaminophen, Ibuprofen). Teens should not take aspirin products as pain relievers because of the association with Reye's Syndrome following a viral illness such as the flu or chickenpox.
- The medication may NOT contain ephedrine or pseudoephedrine as the sole active ingredient or as one of the active ingredients.
- The medication information must be stated on the label (e.g., name, dose, directions for use).
- The medication must be brought to school in a properly labeled bottle.
- The student must not share the medication with anyone else.
- The parent or guardian must submit written authorization for the student to self-administer the medication each school year.

If my student does not follow the above guidelines, I understand that his/her permissions to carry and self-administer the medication may be taken away.

_____ _____ _____

Parent/Guardian Signature Date Relationship to Student

Information used to create this form was supplied by Minneapolis Public Schools