

# Edgerton District 581 Schools

Health Related Services – 507-442-7881

## Self-Administration of Non-prescription Pain Medication for Secondary Students

School Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID# \_\_\_\_\_ 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 (for example, Tylenol, Ibuprofen, Motrin). Teens should not take aspirin products as pain relievers because of its association with Reye's Syndrome following a viral illness such as the flu or chickenpox.
- The medication may NOT contain ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.
- The medication must be used as stated on the label (for example, one tablet every four hours as needed).
- 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 permission to carry and self-administer the medication may be taken away.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work phone # or other daytime phone #

\_\_\_\_\_  
Cell phone #