ISD 709 Duluth Public Schools

Independent School District No. 709
Duluth, Minnesota

SELF-ADMINISTRATION OF NON-PRESCRIPTION PAIN MEDICATION AUTHORIZATION

A secondary student (grades 7-12) may possess and use nonprescription pain relief in a manner consistent with the labeling, when the school has received a written authorization from the student's parent or guardian permitting the student to self-administer the medication. The school may revoke a student's privilege to possess and use non-prescription pain relievers if the school determines that the student is abusing the privilege. Students may not possess or use any drug or product containing ephedrine, pseudoephedrine or a narcotic pain medication.

This form must be completed by the parent/guardian/student and returned to the school health office ANNUALLY.

TO BE COMPLETED BY PARENT/GUARDIAN & STUDENT

I believe that _____ is capable of self-administering the following medication:
(student's name)

Medication	Route	Dose	Frequency
Acetaminophen(ex.Tylenol) / Ibuprofen(ex. Advil / Motrin)	Oral	1-2 tabs	4-6 hours IF needed

I request self-carry and self-administration of this medication for the following treatment:

_____

Parent & student agree to:

- Student is knowledgeable about the medication and how to administer it.
- Student has the skills to safely possess and use the medication.
- Student may self-administer the medication
- Student will follow parent/guardian instruction and **NOT** allow anyone else to use the medication.
- Student will use correct medication administration technique & proper dosing.
- Contact the nurse if student suspects that he/she may be experiencing side effects from medication.
- Medication must be provided by the parent/guardian and must be in a properly labeled container and have manufacturers' recommendations clearly available.

I understand that permission for self-carry, self-administration of this medication may be suspended if I am unable to follow the procedure outlined.

_____ _____
Signature of Student *Date*

_____ _____
Signature of Parent / Guardian *Date*

_____ _____

_____ _____
Signature of School Nurse / RN *Date*