

Signature of Licensed School Nurse

Consent for Secondary Students (grades 7-12) to Self-Carry/Administer Over-the-Counter (OTC) Pain Relief Medications

| Student | Grade |
|--|----------------------|
| Procedure for students in grades 7-12 to carry and use OTC Pain Relief Medication at school: | |
| Medication must be brought to school in the original manufacturer's bottle with labeling intact Signed parental consent is required for students in 7-12th grade to possess and use non-prescription pain medication. | |
| • Healthcare provider authorization is not required for students in 7-12th grade to possess and use non-prescription pain medication. | |
| Permission will be revoked if the School determines that a student is abusing the privilege. The possession or use of any product containing ephedrine or pseudoephedrine as an active ingredient is not allowed. | |
| Authorization must be renewed each school year or when there is a change in medication, dosage, or frequency. | |
| • Students in 7-12th grade who possess and use non-prescription pain medication must not share medication with other students. | |
| • Students in 7-12th grade who possess and use non-prescription pain medication will seek assistance from the Health Office if they experience unusual side effects or do not experience pain relief as expected from the medication. | |
| To Be Completed by Parent/Guardian | |
| My child requires the following OTC pain relief medications: | |
| Medication Name | |
| Signature of Parent/Guardian | Date |
| PRINTED Name of Parent/Guardian | Contact Phone Number |
| Student Agreement | |
| I agree to: | |
| Not allow anyone else to use my medication. Notify the Health Office if my symptoms do not go away or get worse after taking my non-prescription pain medication. | |
| Signature of Student | Date |
| To Be Completed by Nurse | |
| To Be Completed by Nurse This student may self-carry administer non-prescription pain medication. | |

Date