



MINNEAPOLIS PUBLIC SCHOOLS

Urban Education. Global Citizens.

Minneapolis Public Schools Health Related Services



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 number

Cell phone number or pager #