



**TYLENOL / IBUPROFEN**

**Parent/guardian must complete the information below. If the dose exceeds the recommendations on the bottle/package, a physician's order is required.**

Medication	Dose	Route	Frequency	Reason
<input type="checkbox"/> Tyl Tylenol  <input type="checkbox"/> Ibu Ibuprofen  **For students with frequent ailments (headaches, allergies, stomach aches, etc) that require frequent use of medication parent will be required to supply medication for school. Medication will be administered according to product instructions unless specified**				

**Parent/Guardian Authorization**

I/we request that our student be able to carry and take their own medication and/or syringe during this school sponsored overnight field trip.

I/we agree to deliver a medication supply sufficient for the duration of this field trip (only enough medication for the trip) in a pharmacy-labeled container or original manufacturer's container to the school.

I/we hereby release the Board of Education and it's agents and employees from any and all liability that may result from my child taking the prescribed medication. I also, accept all responsibility and liability involved with the safe administration, transportation and possession of any medication that my student will be self-administering.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Student Agreement**

I agree to:

1. Follow my prescribing health professional's medication orders.
2. Use correct medication administration technique
3. Not allow anyone else to use my medication.
4. Notify the school personnel if I suspect that I am experiencing side effects from my medication
5. Other: \_\_\_\_\_
6. I understand that permission for self-administration of medication may be suspended if I am unable to maintain the procedure safeguards established above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The student has demonstrated knowledge about and proper use of his/her medication.

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

