

PRINCE GEORGE COUNTY PUBLIC SCHOOLS

**Parent Authorization for Administration of
Acetaminophen, Ibuprofen or Naproxen at School**

(A separate form must be completed for each medication.)

PARENT/GUARDIAN SECTION

Student _____ DOB _____

Medication Allergies _____

List of Child's Medical Conditions _____

I, _____, parent or legal guardian of above student, request that the principal's designee at _____ School administer the below medication to my child. In signing this form, I am agreeing to hold the school and its personnel free from any legal action that might arise from this arrangement.

I also understand that I am to abide by the school division regulations as stated below:

- It is my child's responsibility to come to the clinic to take his/her medication.
- Parent or guardian must bring medication into school office or clinic. Medication cannot be transported on buses or by students.
- Medication must be in the original, unopened container, labeled with student's name.
- The first dose of a new medication should be given at home.
- Any changes in medication require a new written authorization.
- If a child requires medication for 3 or more consecutive school days, parent or guardian will be required to provide written authorization from a licensed prescriber.
- Parent or guardian must provide medications/equipment required to administer medications or provide special medical care.
- Left over medication must be picked up at the end of the school year or it will be discarded.

Medication (as it appears on bottle): _____

Amount or Dosage to be Administered: _____

Time or Frequency to be Administered: _____

Reason for Medication: _____

Duration or Length of Time to be Administered: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian PRINTED Name _____

Home Phone _____ Work Phone _____ Cell Phone _____