

**NON-PRESCRIPTION MEDICATION AUTHORIZATION  
OSNABURG LOCAL SCHOOLS**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Teacher/Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

With parent/guardian permission, any of the medications listed below can be given to your student should the need arise while they are at school. Please check all the medications you wish to be available for your student, enter the dosage where indicated, and sign at the bottom of this form. **No non-prescription medication will be given to any student unless this completed form is returned to the school!**

**I give designated school personnel permission to administer the following non-prescription medication(s) during school hours if needed:**

\_\_\_\_\_ **Tylenol Regular Strength Tablets, 325 mg** (or generic equivalent) for headache or minor aches/pains. **DOSAGE FOR YOUR CHILD:** \_\_\_\_\_

\_\_\_\_\_ **Tylenol Chewable Tablets 160mg** (or generic equivalent) for headache or minor aches/pains. **DOSAGE FOR YOUR CHILD:** \_\_\_\_\_

\*\*\* If there is another **non-prescription medication** other than those listed above that you wish to have available at school for your child, the following must be completed. In addition, the medication must be provided and delivered **BY THE PARENTS** to school **in its original container and labeled with the student's name and dosage**. Please provide any other information that will help ensure the proper and safe usage of the medication. The school must be notified immediately if there is any change in the use of the medication.

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Reason for medication:** \_\_\_\_\_

I release and agree to hold Osnaburg Local Schools and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from the administration of the above non-prescription medications.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

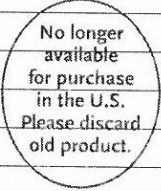
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

See Back side to help you with dosages.

In case you are unsure of the dosage here is a chart to help you figure it out based on your child's weight.

**Acetaminophen (Tylenol or another brand): How much to give?**

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

child's weight	child's age	OLD FORMULATIONS infants' drops 80 mg in each 0.8 mL or in each 1.0 mL	Infants' New formulation or children's liquid 160 mg in each 5 mL (1 tsp) Kitchen spoons are not accurate measures.	children's chewables 80 mg in each tab	junior strength 160 mg in each tab
6–11 lbs (2.7–5 kg)	0–3 mos		Advised dose* _____		
12–17 lbs (5.5–7.7 kg)	4–11 mos		½ teaspoon or 2.5 mL		
18–23 lbs (8.2–10.5 kg)	12–23 mos		¾ teaspoon or 3.75 mL		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		1 teaspoon or 5 mL	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

A Child 96 lbs and over can have 1-2 325mg Tabs.