

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:	
<ul> <li>Medication must be brought to school in the original manufacturer's bottle with labeling intact</li> <li>Signed parental consent is required for students in 7-12<sup>th</sup> grade to possess and use non-prescription pain medication.</li> <li>Healthcare provider authorization is not required for students in 7-12<sup>th</sup> grade to possess and use non-prescription pain medication.</li> <li>Permission will be revoked if the School determines that a student is abusing the privilege.</li> <li>The possession or use of any product containing ephedrine or pseudoephedrine as an active ingredient is not allowed.</li> <li>Authorization must be renewed each school year or when there is a change in medication, dosage, or frequency.</li> <li>Students in 7-12<sup>th</sup> grade who possess and use non-prescription pain medication must not share medication with other students.</li> <li>Students in 7-12<sup>th</sup> 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.</li> </ul>	
<b>To Be Completed by Parent/Guardian</b> My child requires the following OTC pain relief medication(s):	
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Medication Name(s)	
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 Licensed School Nurse	
This student may self-carry/administer non-prescription pain medication.	

Date