

PERMISSION TO ADMINISTER PROTOCOL MEDICATIONS

The School Nurse, with your permission, is authorized to administer certain medications and therapies during school hours. Listed below are the medications we have available for students per our state mandated protocol orders. The School Nurse will **NOT** be able to administer these medications unless there is a signed permission form on file in the Health Unit. *Please fill in all the requested information, check all medications that apply to your child, and return the signed form to the Health Unit.*

Student's Name _____

Grade/Teacher _____

Any medications student is currently taking: _____

Allergies: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

I authorize the School Nurse or designee to administer the following medication(s) to my child:

_____ Tylenol _____ Ibuprofen (Motrin, Advil) (Grades 6-8 only)

Emergency use only: _____ Benadryl _____ EpiPen Jr. _____ EpiPen

Parent Signature _____ Date _____

Medical Permission for Ibuprofen (Preschool- Grade 5):

If a parent requests Ibuprofen (Motrin, Advil) for students in Preschool through Grade 5, we must have written permission from the student's health care provider.

Health Condition: _____

Health Care Provider Name (Please Print) _____

Health Care Provider Signature: _____

Phone Number: _____

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Please detach and return to school office