

Hutchinson Public Schools
Parent Request to Administer Medication
High School Only

On any occasion that students must take medication at school, this form must be completed and signed in advance by the student's parent or guardian. It must be on file in the school office before any medication can be administered.

For your child's safety, the medication must:

1. Have been administered at home at least once to avoid unexpected reactions.
 2. The school must be notified of any new medication the student starts at home.
 3. Only doses listed will be administered, higher doses will be administered ONLY on orders from the student's health care provider.
 4. All known allergies need to be listed on this form.
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Student Name: _____ Grade _____

Name of Medication Tylenol/acetaminophen 500 mg Physician: _____
 Advil/Motrin/ibuprofen 200 mg
 Antacid tablet or liquid form

Cross off any of the above you do not want your student to have.

Reason for Medication: Discomfort Other: _____

Dose:	Tylenol: one tab, 500 mg	Times to be given:	Every 4 hours as needed
	ibuprofen: one/two tabs, 200-400 mg		Every 4-6 hours as needed
	Antacid: two tabs chewed or 15-30 cc		Every hour – no more than 8 tabs or 8 Tbs (120 ml) in 24-hour period

Dates to be given: Through out the school year _____, or (give dates) _____

Known Medication Allergies: _____

I hereby request that school personnel administer this medication to my child. School staff that administers this medication to my child shall not be liable for damages as a result of the administering of the medication in accordance with this request. I shall indemnify and hold harmless school employees against any claim for such damages. In addition, I give permission for the school nurse to contact my Medical Health Care Provider.

Signature of Parent/Guardian

Date _____