



**MIDLAND COMMUNITY SCHOOL DISTRICT**  
**Administration of School Supplied Acetaminophen for Middle School & High School Students**

**Purpose:** Over the counter (OTC) pain relief medications can be obtained without a doctor's prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of over the counter pain relief medications at school can assist students to remain in school and continue to achieve in the classroom.

**PARENT/GUARDIAN AUTHORIZATION**

Valid for current school year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission to authorized school staff to give my child acetaminophen (Tylenol) when determined to be needed for minor complaints of headache or pain. The student will be able to receive **10 doses** throughout the school year. *When 10 doses have been given the parent will be notified.*

**Select dose to be given:** Acetaminophen 325 mg tablets: **(circle one)**    Give 1 tablet    or    Give 2 tablets

Does this student have any drug allergies? List: \_\_\_\_\_

Does this student have any chronic health conditions? List: \_\_\_\_\_

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

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS SECTION FOR SCHOOL HEALTH OFFICE USE ONLY.**

Date	Time	Medication	Dose	Reason/Need for Medication	Initials

SEE BACK FOR MORE STAFF DOCUMENTATION

*Updated 5/2/21*

Staff signature and initials: \_\_\_\_\_

Staff signature and initials: \_\_\_\_\_

Staff signature and initials: \_\_\_\_\_

Parent/Guardian notified after ten doses of medication have been given:

Health Office Initials: \_\_\_\_\_ Date: \_\_\_\_\_