

Richmond-Burton Community High School District #157
8311 Route 31
Richmond, IL 60071

NON-PRESCRIPTION MEDICATION ADMINISTRATION AUTHORIZATION

The nurse's office has limited medications available for *occasional* use during school hours. These medications are not for daily use! The medications currently available are: Acetaminophen, Ibuprofen, generic Tums and Loratadine. You may also provide other over-the-counter medication for your student's personal use. The medication must be in the original container and your student's name must be clearly written on it. All medication is to be kept in the nurse's office.

Student's Name: _____ Date of Birth: _____

Medication Allergies: _____ Grade: 9 10 11 12

Parents please initial next to each medication that you approve to be dispensed to your student shall the need arise. Please also complete the rest of this form!

_____ Acetaminophen 325 mg: 1-2 tablets every 4-6 hours as needed for pain or fever.

_____ Ibuprofen 200 mg: 1-2 tablets every 6-8 hours as need for pain or fever.

_____ Antacids (calcium carbonate 840 mg) 2 every 2-3 hours for stomach upset/indigestion.

_____ Loratadine 10 mg (generic Claritin): 1 tablet every 24 hours as need for allergies.

_____ Other: _____

I hereby request and grand permission for personnel of District #157 to dispense the above initialed medication(s) to the above named student according to the above noted instructions. I further waive any claims against District #157 and its employees from and against any and all liability, claims demands, damages, or causes of action or injuries, costs and expenses, including attorney's fees, resulting from or arising out of the administration of medication(s). This form is good for one year from date signed.

Parent/Guardian Signature: _____ **Date:** _____