



**COOK COUNTY SCHOOLS**  
**INDEPENDENT SCHOOL DISTRICT 166**



## M-2 Secondary Student Self Carry and Administration of Over the Counter Medication (FOR STUDENTS GRADES 6-12 ONLY)

I give permission for my child, \_\_\_\_\_, to self-administer over-the-counter pain reliever medication[s] such as acetaminophen, ibuprofen, aspirin, or naproxen at school.

The medication must be in the original container and the medication must be used in a manner consistent with labeling instructions and not shared with any other student.

**No products containing ephedrine or pseudoephedrine** as its sole ingredient are allowed. The privilege to self-administer non-prescription pain relievers will be revoked if the student does not follow the above guidelines.

This permission is valid for secondary students (grades 6-12) for the current school year only. Non Prescription, over the counter, MEDICATION(S) LISTED FOR PERMISSION TO SELF CARRY AND ADMINISTER:

\_\_\_\_\_  
\_\_\_\_\_

- If my student feels they are in need of (check one or both), but do not it on their person:
  - Ibuprofen
  - Tylenol
- I DO NOT give permission to the health office to give ANY medication, even those I have listed above for student self-carry and administration without my additional consent.

I give permission for the health office to provide this medication to my child according to the direction as on label on the original medication container.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_