



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



**M-2B Non Prescription (Over the Counter) Medication Permission  
for Administration to Student (for ALL students)**

**I give permission to the district health office staff or health office delegate to administer the following (in accordance to medication label instructions and dosing):**

- Acetaminophen (ie. Tylenol) \_\_\_\_\_ Adult Formula \_\_\_\_\_ Children's Formula
- Ibuprofen (ie. Advil) \_\_\_\_\_ Adult Formula \_\_\_\_\_ Children's Formula
- Other specific instructions \_\_\_\_\_

**to my child, \_\_\_\_\_, in the event he/she requires over the counter pain relief while at school.**

My child gets frequent:

- Headaches
- Growing pains
- Sore muscles
- Menstrual Cramps
- Other: \_\_\_\_\_

This permission is valid for the current school year only.

For elementary age students, the health office staff or delegates will take measures to inform the caregiver, by note home in student folder or phonecall, when over the counter non-prescription medication (as permitted above) is given to the student.

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

Work Phone Number: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

***Success for Each, Respect for All***

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