



### Elementary/Middle School Ibuprofen (Advil, Motrin) and Acetaminophen (Tylenol) Authorization Form

Minnesota state law (statute 121A.222) allows students to use nonprescription pain relief in the school setting without a written medical providers order provided the medication is taken in a manner **consistent with the labeling of the medication**. The district must have received a written authorization from the parent or guardian and this authorization must be submitted each school year. Faribault Public Schools Health Services will require the medication be stored in the original container in the Health Office for students and administered by the Health Office Staff. Any more than 5 doses a month, requires a medical providers authorization. Faribault Public Schools do not supply any medication.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher /Advisor \_\_\_\_\_ Weight \_\_\_\_\_

#### Parent/Guardian Authorization

Medication \_\_\_\_\_

Medication is given according to the manufactures labeling on the package.

Reason(s) for use \_\_\_\_\_

I request and authorize the administration of the above medication during the school day.

I understand that an adult needs to deliver this medication directly to the health office.

I request and authorize my student to take this medication home at the end of the school year, or when expired.  Yes  No, I will pick this medication up.

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_

This form expires on the last day of school. All medication not picked up by the end of the last day of school will be destroyed.