

**REQUEST FOR GIVING MEDICATION AT SCHOOL
THORP SCHOOLS (ELEMENTARY, MIDDLE, HIGH)**

(Student Name)

(Grad Year)

(Date of Birth)

State Law requires parent/guardian permission before designated school personnel provide any medication at school. This consent is **only** for using *stock generic medication* provided by the school district.

Acetaminophen, Ibuprofen, Tums and Cough Drops are kept in stock at all school levels. These meds will only be given for aches, pains, stomachs, headaches or fever. They are offered as a courtesy to students and parents/guardians. Please **circle** the medications you would like available to your student:

Tylenol

Ibuprofen

Tums

Cough Drops

Medication Dosage is per manufacturer's label. You can circle the drug and know it will be given in the appropriate amount for your child based on age and weight.

Any Additional Instructions: _____

I hereby give permission to designated school health staff to give the above selected medications to my child during the school day, according to the instructions as shown on this form. I also hereby agree to give my permission to the school nurse and/or designated school personnel to contact the child's physician if needed.

I hereby give permission to designated school personnel to notify other appropriate designated school personnel and classroom teachers of medication administration and possible adverse effects of the medication.

I further agree to hold the School District of Thorp, and the personnel who are administering the medication harmless in any or all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of School Nurse)

(Physician's Name – Please print)