

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

### Authorization for Administration of Over the Counter Pain Reliever

This is to request the school nurse/health clerk/designated personnel to administer the over the counter medication indicated below. Over the counter medications will be documented and evaluated throughout the school year and will be dispensed **only with signed permission** from a parent/guardian. This statement must be renewed with each new school year. There will only be 20 doses given to a student in a school year. Parents will be notified after the 15<sup>th</sup> dose has been administered. **Doses may be withheld at the discretion of the school nurse/health clerk/designated personnel.** Please refer to the school handbook for the written practice of tyl/ibu in the Kearney School District.

My Child may receive the following over the counter medication:

\_\_\_\_\_ Ibuprofen 200 mg (i.e. Advil)                      Please circle    1 tablet or 2 tablets

\_\_\_\_\_ Acetaminophen 325 mg (i.e. Tylenol)                      Please circle    1 tablet or 2 tablets

Known Allergies to medications \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

**\*\*The Kearney R-1 School District will not be held accountable for the dispensation of over the counter pain relievers in accordance with a signed permission form from the parent. Upon submission of the signed release for dispensation, the parent is responsible to notify the district in writing should this allowance need to be discontinued. Permission forms are good for one school year and must be renewed annually.**

	Date	Time	Dose	Tyl/Ibu	Initials		Date	Time	Dose	Tyl/Ibu	Initials
1				Tyl/Ibu		8				Tyl/Ibu	
2				Tyl/Ibu		9				Tyl/Ibu	
3				Tyl/Ibu		10				Tyl/Ibu	
4				Tyl/Ibu		11				Tyl/Ibu	
5				Tyl/Ibu		12				Tyl/Ibu	
6				Tyl/Ibu		13				Tyl/Ibu	
7				Tyl/Ibu		14				Tyl/Ibu	
						15				Tyl/Ibu	
	15 dose	Notification	Date	Time	Notified		Parent/Guar.	Initials			
16				Tyl/Ibu							
17				Tyl/Ibu							
18				Tyl/Ibu							
19				Tyl/Ibu							
20				Tyl/Ibu							

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_

Kearney R-1 School District

Confidential Student Medical Information & Consent Form

School \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

HEALTH CONDITIONS: (Check all that apply)

\_\_\_\_\_ Asthma      \_\_\_\_\_ Ear Infection      \_\_\_\_\_ Head Injury      \_\_\_\_\_ Kidney Disease      \_\_\_\_\_ Surgery  
\_\_\_\_\_ Allergies      \_\_\_\_\_ Heart Problems      \_\_\_\_\_ Hearing Impairment      \_\_\_\_\_ Bone Disease      \_\_\_\_\_ Depression  
\_\_\_\_\_ ADD      \_\_\_\_\_ ADHD      \_\_\_\_\_ Seizure Disorder      \_\_\_\_\_ Migraine Headaches      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Food Allergies      \_\_\_\_\_ Contact Lenses      \_\_\_\_\_ Stomach Disorder      \_\_\_\_\_ Emotional Disorder      \_\_\_\_\_ Other

Medical History \_\_\_\_\_  
\_\_\_\_\_

Allergies to food or medications \_\_\_\_\_

Current medications and reason for taking \_\_\_\_\_  
\_\_\_\_\_

Are there any other health issues that the school should know of which might affect your child's school experience?  
\_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last seen \_\_\_\_\_

I give permission for the above information to be shared in confidence with appropriate staff and emergency personnel. In the event of an emergency, I authorize school personnel to obtain emergency medical care and/or emergency transportation by ambulance to the above named hospital.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**For grades 6<sup>th</sup>-12<sup>th</sup> only**  
**See reverse side of this form to give permission for your child to receive**  
**over-the-counter pain reliever at school.**