

## Royalton Public Schools Medication Authorization Form 3A

### AUTHORIZATION TO POSSESS AND SELF-ADMINISTER NONPRESCRIPTION PAIN RELIEF MEDICATIONS BY MIDDLE- AND HIGH SCHOOL STUDENTS (GRADES 6-12)

**Pain relievers are medications such as Tylenol, (acetaminophen), Advil, Ibuprofen, Motrin, and Naproxen (Aleve.)**

Students Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

I hereby request and authorize \_\_\_\_\_ to possess and self-administer  
(student's name)  
\_\_\_\_\_ according to the label instructions only for \_\_\_\_\_.  
(name of medication) (condition)

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this permission expires at the end of the school year. I understand that the school district, at the discretion of the school nurse may revoke this privilege to possess and to use nonprescription pain relievers if the school district determines that the student is abusing the privilege. To the legally extent permissible, staff members may be provided with such information regarding the student's medication and the student's self-administration as may be in the best interest of the student.

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

Daytime Phone Number \_\_\_\_\_

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### Student Agreement

The dosage and frequency instructions have been reviewed with me by the school nurse. I understand that this medication is for my use only and is not to be shared with other classmates. I understand that this privilege to possess and self-administer my medication will be revoked if I am abusing this privilege or sharing, borrowing or distributing this medication.

Students Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_