

RIPON AREA SCHOOL DISTRICT

2016-2017

Permission for Administering Stock Medication at School

Acetaminophen and Ibuprofen are kept in stock **ONLY** at middle and high school levels and are offered as a courtesy to students and parents/guardians. Stock medications will be given as directed on the package. Parents are highly encouraged to send a personal bottle of the circled medication if their child will use it frequently during the school year.

Student name

Grade

Date of Birth

The above named student may receive the following stock medications as circled below **during the 2016-2017 school year.**

State Law requires parent/guardian permission before school health staff can provide any stock medication at school.

Please **CIRCLE THE MEDICATION(S)** you would like available to your student **AND THE QUANTITY** to dispense:

| Medication | Dose | Dose | Frequency |
|---|-------------------|---------------------|---------------|
| Acetaminophen, 325 mg., each tablet | 1 tablet – 325 mg | 2 tablets – 650 mg | Every 4-6 hrs |
| Extra Strength Acetaminophen, 500mg., each tablet | 1 tablet – 500 mg | 2 tablets – 1000 mg | Every 4-6 hrs |
| Ibuprofen, 200 mg., each tablet | 1 tablet – 200 mg | 2 tablets – 400 mg. | Every 6-8 hrs |

- I certify my child has no known allergies to the above circled medication.
- My child is known to be allergic to the following medications: _____
- I am enclosing a bottle of the above circled medication for my child.

Additional Instructions: _____

As the parent or guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my child.

I hereby give permission to designated school personnel to give medication to my child during the school day, including when away from school property on official school business.

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

I further agree to hold the Ripon Area School District, and the RASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

Date _____ Signature of Parent/Guardian: _____

