**TULLY JR. SR. HIGH MEDICATION AUTHORIZATION FOR SCHOOL YEAR _____**

**Student name: _____ Date of birth: _____Grade:_____**

**Please return to school nurses office Attention School Nurse**

The school nurse will store Acetaminophen (Tylenol) 325 mg tablets and Ibuprofen (Advil) 200mg and may administer these medications when they are available during regular school day hours. **If I do not supply medication the school nurse may administer school stock medication, which will not be available on field trips.**

| Medication | Oral Dose (Choose One) | Frequency/ Time |
|---|---|---|
| Acetaminophen | □ 325 mg □ 650 mg □ Other _____ | Every 4 to 6 hours as needed |
| Ibuprofen | □ 200 mg □ 400 mg □ Other _____ | Every 6 to 8 hours as needed |

I give permission to the school nurse to administer acetaminophen (Tylenol) or ibuprofen (Motrin) when determined to be needed for headache, pain, menstrual cramps or _____.

Medical provider signature_____ Date_____

Parent/guardian signature_____ Date_____

## **Emergency Medication** Consent

Does this student have any allergies? List_____

Does this student have any chronic health conditions? List _____

| Name of medication | Route/ Dose to be given | Frequency/ Time |
|---|---|---|
| Epinephrine Auto Injector | Injected □ 0.15 mg □ 0.3 mg | □ Immediately after exposure<br>□ Signs/ symptoms of Anaphylaxis |
| Special Instructions: | | |
| **Name of medication** | **Route/ Dose to be given** | **Frequency/ Time** |
| _____ Inhaler | Inhaled □ 1 puff □ 2 puffs | □ As needed every 4-6 hours<br>□ _____Minutes Prior to Exercise |
| Special Instructions: | | |
| **Name of medication** | **Route/ Dose to be given** | **Frequency/ Time** |
| | | |
| Special Instructions: | | |

☐ **I agree that this student can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. ***(<u>Students may only carry Emergency Medication</u>)*****

Medical provider signature_____ Date_____

Parent/guardian signature_____ Date_____

**Fax: 315-679-5682** **Phone: 315-696-6241**