

## Stock Medication Consent

Today's Date \_\_\_\_\_

The Colby School District will supply generic ibuprofen and generic acetaminophen, antacids, and Benadryl for students in school. **(Elementary schools will not provide stock Ibuprofen.)**

Written permission is required for administration of any of these medications.

Colby School District personnel will only administer the recommended therapeutic dose of the non-prescription medication. For the safety of the student, a written request from the parent/guardian and licensed medical practitioner is required if the dose is other than the recommended therapeutic dose found on the package label.

Stock medications will not be given in combination with other non-prescription medications, e.g. cold medicines, as they may also contain acetaminophen or ibuprofen.

**Only one dose of medication may be administered during the school day.**

**Stock medications will not be administered for more than three days in a row or eight days per month without documentation from a medical practitioner. If this is exceeded, we will request a new, unopened bottle be provided from home.**

Medication will be administered by staff designated by the school nurse and principal.

This request is in place for the current school year only.

Student Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

has permission to receive (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> acetaminophen (Tylenol) | <input type="checkbox"/> ibuprofen (Advil, Motrin)  |
| <input type="checkbox"/> antacids (Tums, Pepto)  | <input type="checkbox"/> diphenhydramine (Benadryl) |
- as needed in the health office.

*Warning:* Acetaminophen should not be used by those with liver disease or a hypersensitivity/allergic reaction.

*Warning:* Ibuprofen should not be used by those with kidney disease, stomach disorders such as bleeding or ulcers, an aspirin allergy or a hypersensitivity/allergic reaction.

I, the parent/guardian of the above named student, request the non-prescription medication listed above be given as needed at school. I agree to hold the Colby School District, its employees and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school. My signature indicates that I have fully read and understand the above information.

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