

**Lawrence Public Schools
Health Services
Consent for Administration of Over-the-Counter Medications in the High Schools**

Name of Student _____ Grade _____

Please check the medications you would like to be made available to your child:

___ Acetaminophen (like Tylenol)

___ Ibuprofen (like Motrin or Advil)

___ Antacids (like Tums)

School personnel must have parental consent in order to administer over-the-counter medications. Generic equivalents maintained in the Health Room may be used in place of more expensive brand-name items. The School Nurse or delegated staff person will administer the approved medications as deemed necessary using his/her judgement.

- **Please list any medication allergies:**

_____ I hereby give permission for my child to receive any medication checked on this form, as deemed necessary by the school nurse or delegated staff person.

I understand that any school employee who administers these medications according to proper dosages shall not be held liable for damages as a result of an adverse reaction to the medication administered.

Parent/Guardian Signature

Date

- **This authorization is in effect unless and until it is revoked in writing by the parent/guardian.**