

2016-2017
KIMBERLY AREA SCHOOL DISTRICT
Permission for Administering Stock Medications at School
Acetaminophen, Ibuprofen or Benadryl Permission

Acetaminophen, Ibuprofen and Benadryl (or generic) 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.

SCHOOL: (circle one) JRG KHS

Student Name

Grade

Date of Birth

The above named student may receive the following stock medications **during the current school year:**

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

Please circle the medications you would like available to your student and the quantity to dispense:

Medication	Dose	Dose
Acetaminophen, 325 mg., each tablet	1 tablet - 325 mg.	2 tablets- 650 mg.
Extra Strength Acetaminophen, 500 mg., each tablet	1 tablet- 500 mg.	2 tablets- 1000 mg.
Ibuprofen 200 mg, each tablet	1 tablet- 200 mg.	2 tablets- 400 mg.
Benadryl 25 mg, each tablet	1 tablet- 25 mg.	2 tablets- 50 mg.

☐ I certify my child has no known allergies to the above circled medications.

☐ My child is known to be allergic to the following medications: _____

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, according to the written instructions of the doctor as shown on this form.

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 Kimberly Area School District, and the KASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

Signature of Parent/Guardian

Date

Principal Initials