



STUDENT OVER-THE-COUNTER  
**NON-PRESCRIPTION** PAIN RELIEVER  
MEDICATION SELF-ADMINISTRATION  
PARENT PERMISSION FORM

I give permission for my child, \_\_\_\_\_, to self-administer over-the-counter pain reliever medication[s] such as acetaminophen, ibuprofen, aspirin, or naproxen at school. The medication must be in the original container and the medication must be used in a manner consistent with labeling instructions and not shared with any other student. **No products containing ephedrine or pseudoephedrine** as its sole ingredient are allowed. The privilege to self-administer non-prescription pain relievers will be revoked if the student does not follow the above guidelines.

This permission is valid for secondary students for the current school year only.

OTC MEDICATION(S): \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_