

LEYTON PUBLIC SCHOOLS

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS: ACETAMINOPHEN, IBUPROFEN, COUGH DROPS

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The purpose of medication is to benefit learning and attendance. If possible, parents/guardians are encouraged to administer medications at home. Medication at school will be administered in accordance with the Medication Aide Act and Leyton Public Schools Board Policy 5024.

Your **written** consent is required **prior** to school personnel providing or administering medication to a child in school. By signing this form, you acknowledge the following:

- Acetaminophen, Ibuprofen and non-prescription cough drops will be supplied by the school in weight appropriate doses.
- You have reviewed the information and agree that your child may safely take the medications according to the recommended dose by weight.
- The parent/guardian is providing written authorization for school personnel, (school nurse, paraeducator, or by other school health personnel deemed competent through training) to provide medication.
- Parent/guardian authorization is renewed annually.

PARENTAL/GUARDIAN CONSENT FOR ACETAMINOPHEN, IBUPROFEN AND/OR NON-PRESCRIPTION COUGH DROPS:

I give permission for _____
Child's name

To receive the following oral medication: (please check those that apply)

___ **Acetaminophen (Tylenol)**

___ **Ibuprofen(Advil)**

___ **Non-prescription cough drops**

Signature of Parent/Guardian

Date