

Cass Lake-Bena Health Services
AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS FURNISHED
BY THE ELEMENTARY SCHOOL

Whenever possible, medications should be given at home under the supervision of the Parent/Guardian when possible and every effort should be made to avoid school hours. However some students require administration of non-prescription medications during the regular school day for general body aches and pains, toothache, fever, and headache. The Parent/Guardian must complete and sign an "Authorization for Administration of Non-Prescription Medications Furnished by the School District" form each school year before any acetaminophen (Tylenol) may be given for these conditions.

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I request my child _____, grade _____ receive the over-the-counter medication furnished by the Cass Lake-Bena School District or the student's family. Over-the-counter medications will only be administered to a student in accordance with the label directions as shown below. If the student requires over-the-counter medications more often or in greater dosages than shown below, the parent must furnish the school with written directions from the student's physician using a different form.

As a parent, I understand the school district is rendering a service in providing these non-prescription medications and I release the school personnel from liability in the event my child develops any adverse reactions resulting from receiving the medications listed below.

Maximum Single Dose per School Day as Shown Below:

Weight (lbs)	Age	Children's Acetaminophen Oral Suspension Active Ingredients: Acetaminophen 160 mg (in each 5 mL or 1 tsp.)	Acetaminophen Chewable Tablets Active Ingredients: Acetaminophen 160 mg (in each tablet)
24-35 lbs	2-3 yrs	5 mL (1tsp)	-----
36-47 lbs	4-5 yrs	7.5 mL (1 ½ tsp)	-----
48-59 lbs	6-8 yrs	10 mL (2 tsp)	2 tablets
60-71 lbs	9-10 yrs	12.5 mL(2 ½ tsp)	2 ½ tablets
72-95 lbs	11 yrs	15 mL (3 tsp)	3 tablets

I hereby authorize Cass Lake-Bena school personnel to administer the above medications as needed according to the dosages listed above and as needed for the symptoms exhibited and verbal complaints voiced by my child other than what is listed above using "Authorization for Medication Administration."

Parent /Guardian Signature: _____

Date: _____ Home Telephone: _____ Cell Phone: _____