

**AUTHORIZATION FOR THE ADMINISTRATION OF ASPIRIN,  
ASPIRIN-LIKE SUBSTITUTES, OR NON-PRESCRIPTION MEDICATIONS**

To be used only for parental/guardian requests for aspirin and aspirin-like substitutes (Acetaminophen, Ibuprofen) and non-prescription medications.

The state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give aspirin or an aspirin-like substitute (Acetaminophen or Ibuprofen) to a student. In such cases, an order of a licensed physician or dentist is required. (Per Article VII A5 of W.B.E.)

**PHYSICIAN OR DENTIST ORDER:**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List all known medication allergies: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage, route, and frequency: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Medication to be administered from \_\_\_\_\_ to \_\_\_\_\_ (current school year only).

\*Physician/Dentist name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*Physician/Dentist signature \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION  
OF THE ABOVE MEDICATION BY SCHOOL PERSONNEL:**

I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with state regulations. I understand that I must supply the school with the medication in the original container, properly labeled, and will provide no more than the supply of said medication requested by the school. I understand this medication will be destroyed if it is not picked up within one week following termination of the request or one week beyond the close of the school year.

Name (print or type): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

According to school board policy and for the safety of all our children, it is very important that ALL medication be delivered to the school nurse by a parent/guardian or otherwise designated adult. Under no circumstances should your child be transporting his/her medication to school.

