

Medication Permission Form
RSU 13
28 Lincoln Street
Rockland, ME 04841

Dear Parent/Guardian,

If you would like your child (grades 10-12) to be able to receive acetaminophen or ibuprofen during school hours, please read the guidelines below and complete the following.

Student Name _____ Date of Birth _____ Grade _____
School _____ Parent/Guardian Daytime Tele # _____

I give the school nurses at RSU13 permission to administer medication as listed below to my child. By giving permission, I acknowledge that my child has no allergy or intolerance to the medications I choose to allow.

Please note the following:

- My child may receive, over the school calendar year, three doses of either acetaminophen or ibuprofen from the health office stock. After three doses have been administered by the school nurse, a parent will be asked to submit a medication form from their medical provider as well as a supply of the medication ordered.
- Nursing staff will attempt to notify a parent/guardian/designated contact person at the time of a concern and the administration of a medication.
- Please check either one or both of the lines below to indicate that you have read the information provided and that your child may receive medication from the health office.

_____ Ibuprofen (Motrin/Advil) 400 mg by mouth every 6 hours as needed for headache, temperature above 100 degrees or specified discomfort.
_____ Acetaminophen (Tylenol) 650 mg by mouth every 4 hours as needed for headache, temperature above 100 degrees or specified discomfort.

Parent/Guardian signature Date

Please note, when both ibuprofen and acetaminophen are allowed, ibuprofen will be administered for indications of musculoskeletal discomfort.

Below is for RSU 13 School Health Services documentation of medication administered if needed:

Date Medication Given	Staff Signature	Given for what reason	Comments	

Rachel Rivard, PNP/date Ilmi Carter, RN, district nurse School Administrator/date