

Confidential

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Request to receive Acetaminophen (Tylenol)

3416F-3

School Year: 20__ - 20__

Name of Student: _____

DOB: __/__/__

Phone Number: _____ Secondary Phone Number: _____

School: _____ Grade: _____

Teacher: _____

Additional Instructions: _____

I HEREBY GIVE MY PERMISSION for _____ to receive Acetaminophen (Tylenol) with dosage per package instructions.

As Needed Only with verbal approval from Parent/Guardian

For Completion by Parent/Guardian or an Individual Executed a Caretaker Relative Educational Authorization Affidavit

As the parent, individual who has executed a caretaker relative educational authorization affidavit, or guardian of the above-named student, I confirm that this student has been instructed on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed.

____I also acknowledge that the school district may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

____I understand that in the event the medication dosage is altered, a new "self-administration form" must be completed.

I understand that the initial dose must be given previously to student by parent or guardian

Yes No

I have received, understand and am willing to comply with Sidney Schools Medication Distribution Policy.

Yes No

Parent/Guardian Signature: _____ Date: _____