2021-22
KIMBERLY AREA SCHOOL DISTRICT
Permission for Administering Stock (OTC) Medications at School
Acetaminophen, Ibuprofen or Benadryl Permission

Acetaminophen, Ibuprofen and Benadryl (or generic) are kept in stock ONLY at middle and high school levels and are offered as a courtesy to students and parents/guardians. Stock medications will be given as directed on the package.

SCHOOL: (circle one) JRG KHS

_____ _____ _____
Student Name Grade Date of Birth

- State Law requires parent/guardian permission, annually, before school staff can provide medication.
- Beginning fall 2020, permission is given through annual student registration on Infinite Campus. This form is ONLY provided if permission was not given at time of registration or there is a medication permission change.

STAFF USE ONLY:

☐ Updated in Infinite Campus by office staff under STOCK MED PERMISSION by: _____

The above named student may receive the following stock medications **during the current school year**. **Please *circle the medications* you would like available to your student *and* the quantity to dispense:**

Medication	**Dose**	**Dose**
Acetaminophen, 325 mg., each tablet	1 tablet - 325 mg.	2 tablets- 650 mg.
Extra Strength Acetaminophen, 500 mg., each tablet	1 tablet- 500 mg.	2 tablets- 1000 mg.
Ibuprofen 200 mg, each tablet	1 tablet- 200 mg.	2 tablets- 400 mg.
Benadryl 25 mg, each tablet	1 tablet- 25 mg.	2 tablets- 50 mg.

☐ I certify my child has no known allergies to the above circled medications.
☐ My child is known to be allergic to the following medications: _____

Additional Instructions:
_____
_____

☐ **As the parent or guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my child.**

I hereby give permission to designated school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form.

I hereby give permission to designated school personnel to notify other appropriate school personnel and classroom teachers of medication administration and possible adverse effects of the medication.

I further agree to hold the Kimberly Area School District, and the KASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

_____ _____
Signature of Parent/Guardian Date

Written 12/07, Rev 05/12, 11/12, 06/13, 6/15, 02/2020

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Principal Initials