

Liberty Public Schools Medication Authorization Form

Student Name: _____ Grade: _____ School Year: _____

Start Date	Medication	Dosage	Time	End Date

I consent to allow district staff to give medication to my child and understand that the Liberty School District No. 53 Board of Education, employees, and volunteers are not to be held responsible or liable in the event of injury resulting from medication given by district staff.

FOR GRADES 6 - 12 ONLY: ACETAMINOPHEN (Generic Tylenol) PERMISSION
 Must check 'yes' or 'no' and provide signature below.

Yes No I give permission for my child to take Acetaminophen 325mg (1 - 2 tablets) every 4 hours as needed during the school day. No more than 25 doses will be given in a school year without a doctor's note.

Medication should be given at home whenever possible. If medications must be given during the school day, the following will apply*:

1. Medicine must be in the original and current prescription bottle or original packaging.
2. Staff will not give the first dose of any medication unless it is an emergency.
3. Expired medications will not be given.
4. Over-the-counter medications are given according to the dosing directions on the bottle. Any other dosage must have an order from the doctor.
5. Medications or supplements not approved by the FDA (e.g., herbal remedies) require written permission from the parent and an order from the doctor.
6. Unless otherwise noted above, all medication authorizations will extend through summer school.

(Date)

(Signature of Parent/Guardian)