



Irvington Grade School

500 Superior St.
Irvington, IL 62848

David Schulte, *Superintendent*
Pamela Schaeffer, *Administrative Assistant*

MEDICATION AUTHORIZATION FORM NON-PRESCRIPTION MEDICATIONS

I **DO NOT** want any medication given to my child at school. _____ (student name)
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CONSENT FOR ADMINISTRATION OF SCHOOL OFFICE MEDICATIONS

Student name: _____ Grade _____

Medication allergies: _____

List medications this student takes regularly:

Health conditions: _____

Please check any medications that you wish to be made available to this student:

For headaches/muscle aches/menstrual cramps/ pain:

- Acetaminophen (325 mg Tylenol) 1-2 tablets every 4 hours as needed
- Ibuprofen (200 mg Advil/Motrin) 1-2 tablets every 4-6 hours as needed

For mild stomach discomfort:

- Antacid (Tums) 1-2 tablets as needed

For mild skin irritation: Topical medications

- Hydrocortisone cream (1%)
- Calamine lotion

I, the parent/guardian of the above mentioned child, hereby authorize Irvington Grade School and its employees and agents, on my behalf, administer to my child, lawfully non-prescribed medication. I further acknowledge and agree that when the lawfully non-prescribed medication is so administered, I waive any claims I might have against IGS and its employees and agents arising out of the administration of said medication. I give permission for my child to receive any medication listed above as deemed necessary by the school office. I understand that generic equivalents may be used. Whenever possible, arrangements should be made so that medications can be given at home.

Parent or Guardian Signature _____ Date _____