ARLINGTON ISD SELF -ADMINISTRATION REQUEST

Parents may request that High School Students be allowed to self-administer over-the-counter medications under the following conditions:

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4. Consent form must be signed and dated by the parent/guardian, one copy kept on file in the school clinic, and one copy carried with the medication
5. Consent is valid for the entire current school year. A new consent is required for each school year
6. Medication must not be shared with or distributed to any other student

Examples of one-to-two-day supply:

- One roll of antacids
- 10-12 tablets of Advil, Tylenol, or similar analgesic
- 10-12 tablets of Midol or similar medication in a bottle
- 1-2 blister packs of Midol or similar with 2 caplets each

Student Name: _____ Date: _____

School: _____ Grade: _____

Medication(s):

_____

_____

_____

I give my child, named above, permission to carry the listed over-the-counter medication to take at school per package directions. I understand that the medication listed above is for my child's use only and that the privilege will be revoked if he/she allows another student to use the medication. I verify that my child has taken at least one dose of each medication at home with no ill effects or reactions.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Mobile Phone: _____ Work Phone: _____

Home Phone: _____