



Providence Academy Health Office • Middle/Upper School Ibuprofen/Acetaminophen Authorization Form

Minnesota state law (statute 121A.222) allows a secondary student to use nonprescription pain relief in the school setting without a written physicians order provided the medication is taken in a manner **consistent with the labeling of the medication**. Providence Academy must receive a written authorization from the parent or guardian and this authorization must be submitted each year. Providence Academy will require the medication be stored in the original container in the Health Office for students and administered by the School Nurse. Non-prescription medications **include only ibuprofen (Advil, Motrin) and acetaminophen (Tylenol)**.

Student _____ Grade _____ School Year _____

Weight _____

Parent Authorization for Over-the-Counter Medication

Medication _____

Dosage _____ Frequency _____

Indication(s) for use _____

Name of Medical Provider (signature not required) _____

Office Phone Number _____

I request and authorize the administration of the above medication at school.
Electronically signed and approved by:

Parent/Guardian Signature _____ Date _____