



PROVIDENCE ACADEMY

Providence Academy Health Office Annual Ibuprofen/Acetaminophen Authorization Form For students in Middle and Upper School During the 2024-2025 School Year

Minnesota state law (statute 121A.222) allows a secondary student to use nonprescription pain relief in the school setting without a written physician's order provided the medication is taken in a manner **consistent with the labeling of the medication**. Providence Academy must receive written authorization from the parent or guardian and this authorization **must be submitted each year**. Providence Academy will require the medication to 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 _____ Weight _____

Parent Authorization for Over-the-Counter Medication

Ibuprofen: Yes _____ No _____

Acetaminophen: Yes _____ No _____

Dosage: _____

Dosage: _____

Frequency: _____

Frequency: _____

Indication(s) for use: _____

Indication(s) for use: _____

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

Parent/Guardian Signature _____ Date: _____