



LAKES INTERNATIONAL LANGUAGE ACADEMY  
An IB World School

## Self-Administration of Non-prescription Pain Medication Lakes International Language Academy- Upper School

Year \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

I give permission for my student to self-administer the above medication at school for the purpose listed.

I understand the following guidelines must be followed:

- The medication must be a non-prescription pain medication (for example, Tylenol, Ibuprofen, Motrin). All other over-the-counter medications must follow Policy 344 LILA Medication Policy.
- The Medication may NOT contain ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.
- The medication must be used as stated on the label (for example, one tablet every four hours as needed).
- The medication must be brought to school in a properly labeled bottle and not expired.
- The student must not share the medication with anyone else.
- The parent or guardian must submit written authorization for the student to self-administer the medication each school year.

If my student does not follow the above guidelines, I understand that his/her permission to self-administer the medication can be taken away.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number (work or other)

\_\_\_\_\_  
Cell phone number



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## Lakes International Language Academy- School District 4116 Medication Guidelines

Whenever possible, parent(s)/ guardian(s) are encouraged to give their children medication outside of school hours.

**Prescription medications** may only be given with written permission from the physician and the parent/guardian. Written permission must include the following:

- Name of student
- Medical condition
- Name of medication, strength, dosage, time/frequency and duration of treatment

The medication must be provided in the prescription bottle with proper labeling for school use. The labeled bottle may only contain the medication that is indicated, changes in prescription strength or timing will require updated paperwork as well as a properly labeled prescription bottle.

The parent(s)/ guardian(s), who request and authorize the designated school personnel to give the medication in the dosage so prescribed by the physician, thereby release school personnel from liability should reactions result from the medication.

Controlled prescription medication should only be transported by parent/guardian and not by students.

**Non-prescription medications** may be given long term with written permission from the physician and parent/guardian. Written permission must include the following:

- Name of student
- Medical condition
- Name of medication, strength, dosage, time/frequency and duration of treatment

**Non-prescription medication** may be given short term, up to 10 days, with written permission from the parent/guardian. Written permission must include the following:

- Name of student
- Medical condition
- Name of medication, strength, dosage, time/frequency and duration of treatment

Non-prescription medications must in in their original, unopened container and be labeled with the students name and dosage.

The school has the authority to reject a request to administer non-prescription medications.

### **(UPPER SCHOOL ONLY)**

**Non-prescription PAIN medication** may be self-administered with completion of the Self Administration of Non-prescription Pain Medication form by parent/guardian. This form must be completed at least once per school year and states that a parent/guardian has declared the child knowledgeable about the use of the medication and school policies and guidelines.

Written permission must include the following:

- Name of student
- School year
- Purpose of medication