

Worthington Middle School, Senior High School and Alternative Learning Center

PARENT AUTHORIZATION FORM
OVER-THE-COUNTER PAIN RELIEF POSSESSION FOR SECONDARY STUDENTS

A new law was passed in Minnesota August 1, 2005 (Statute 121A.222) which allows secondary students (grades 7-12) to possess and appropriately use over-the-counter pain medication (such as Acetaminophen [Tylenol] or Ibuprofen [Motrin]) with annual written parent permission. This does not include cold & allergy medications that contain ephedrine or pseudo ephedrine (such as Sudafed).

Being the parent/guardian of _____, grade _____ here-by give my permission for him/her to possess and appropriately use the following over-the-counter pain medication (s) _____ in a manner consistent with the products label during the current school year.

I understand that if the above named student is found to be in violation of the law requirements by [but not limited to] inappropriately using the medication (such as not following the manufacturer's recommended instructions for use including correct dose recommendations) or sharing his/her medication with another student or staff member, their right to possess and carry over-the-counter pain medication may be terminated by the school district.

I further understand that students found to be in possession of over-the-counter pain relief medication prior to their parent completing & giving this form to the high school health office could be considered a violation of the law, and therefore could terminate their rights according to the law.

Parent/Guardian Signature

Date of Signature

For the Student:

I have read this authorization form and agree to follow all the rules that apply to the right & privilege of possessing and self-administering an over-the-counter pain relief medication.

Student Signature

Date of Signature

Office use only:
Date received by Health Office Staff _____ Initials _____