

DERRY COOPERATIVE SCHOOL DISTRICT SAU #10

Barka Elementary School	434-2430	Gilbert H. Hood Middle School	432-1224
Derry Village School	432-1223	Grinnell School	432-1238
East Derry Memorial School	432-1260	South Range School	432-1219
West Running Brook Middle School 432-1250			

Medication is administered during the school day to enable all children to remain in school, to maintain or improve health status and to improve the potential for education. The school nurse may now administer Tylenol (acetaminophen) so that students experiencing minor pain or discomfort due to headache, toothache or menstrual cramps are able to remain in school and avoid unnecessary absence. However, before administering this medication, all students must have written parental permission on file to be updated each school year.

PARENT PERMISSION TO RECEIVE TYLENOL (ACETAMINOPHEN)

STATE LAW REQUIRES WRITTEN PERMISSION FOR ANY STUDENT TAKING MEDICATION DURING SCHOOL HOURS. THIS INCLUDES ANY OVER THE COUNTER MEDICATIONS.

_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Grade	Parent Telephone Number	

List any allergies: _____
List current medications: _____
List any medical conditions: _____
Tylenol (Acetaminophen): Dosage will be given according to weight or specify dose _____
Is student able to swallow medication? _____
Beginning: (month/year) _____ until _____ (end of school year)

I give permission for the school nurse/designee to assist the above named student in taking the above named medication. With the signing of this permission form I agree that I will not hold liable the responsible person whose duty it is to assist the student in taking the medication listed above. I also release the responsible person in assisting the student from any responsibility for any ADVERSE REACTIONS from the medication.

_____	_____
Date	Signature of Parent/Guardian

Tylenol (Acetaminophen) is the only medication routinely available to the students. Any other over the counter medication they prefer they must supply and must have written parental permission and health care provider/physician order.

Approved 11/05