

Dear Parent/Guardian:

On the bottom of this letter is a Medication Permit Form to be signed by the parent or guardian and returned to the school. By signing and returning this form, we will be able to administer a non-aspirin pain reliever to your student for an occasional headache or other appropriate discomfort.

It is necessary to sign a new form every year for each student. Without this form the school cannot give your student acetaminophen without contacting you for permission. When parents cannot be reached, the school cannot administer medication.

The school will contact you personally if your student comes in frequently to obtain medication. All efforts should be made for students to take routine medication at home. If your student needs to take prescription or non-prescription medication at school, this medication must be brought to the office by an adult. This medication should be in its original bottle, labeled with your student's name and accompanied by a note as to how it should be administered.

The school may also provide as needed: generic antibiotic ointment, generic chewable antacid tabs, generic oral analgesic and generic anti-itch lotion. Please notify the nurse should you not want these medications to be given to your student.

If your student has a chronic health condition such as Asthma, Life-threatening allergy, Seizures, Diabetes or any other health concern that the nurse should be aware of – please contact the nurse by email, phone or at open house night every school year . We want to keep the student's safe and healthy while at school and communication between the nurse and the family is necessary.

Please return the Medication Permit Form to the front office at your child's school. If you have any questions, please feel free to contact Donelle Ellison, RN or Patti Vincent, LPN at 402-362-6655

ACETAMINOPHEN (TYLENOL) PERMISSION FORM

I give permission to York Public Schools to administer generic acetaminophen (Tylenol) to my child

_____ as needed for occasional discomfort, fever or head ache for this
school year.

Parent / Guardian

Date