

Sevastopol School District 2023-24 Stock Medication Authorization

Student First & Last Name

Date of Birth

Grade

*Note: Any change in medication will require a new form

Non-Prescription Stock Medication *Grades 6-12 only

Acetaminophen, Ibuprofen and Benadryl are kept in stock ONLY at middle and high school levels and are offered as a courtesy to students. Stock medications will be given as directed, by parent, on this form in accordance with the written instruction on the box. **If a higher than normal recommended dosage is needed a physician's order would be required.**

Please circle the medications you would like available to your student *and* the quantity to dispense:

Medication	Dose	Dose
Extra Strength Acetaminophen, 500mg	1 tablet= 500mg	2 tablets= 1000mg
Ibuprofen, 200mg	1 tablet= 200mg	2 tablets= 400mg
Benadryl, 25mg	1 tablet= 25mg	

Parent/Guardian will be notified if a dose of medication is given at school.

Preferred notification method? Call _____ or Email _____

☐ I certify my child has no known allergies to the above circled medications.

Medication shall be administered for current school year _____ yes _____ no If no, dates: _____ to _____

I hereby give permission for the school nurse or designated school staff to give the above medication to my child according to the directions stated. I agree to notify the school when the drug is to be discontinued and/or the dosage or time changed. I agree to hold the District, its employees and agents, who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

Parent/Guardian Name

Parent/Guardian Signature

Date