



Building a firm foundation through Christ-centered education

Staff Use Only
Ibuprofen Acetaminophen
KDA: _____

Last Name: _____ First Name: _____
DOB: ___/___/___ (m) (f) Grade: ___ Current Weight: _____ Current Age: _____
Current daily medications: _____
Medication/ Drug Allergies: _____
Other Allergies (Food, environmental etc.): _____
Chronic Health Conditions: _____

Table with 2 columns: Question and Yes/No options. Questions include: History of Kidney or Renal Disease, History of Liver Disease or liver transplant, Is your child currently on anticoagulant therapy, Has your child taken acetaminophen before, Has your child taken ibuprofen before.

Occasionally your child may unexpectedly need over the counter pain or fever reducing medication. MCS Health Office maintains a limited supply of these medications.

- If your child needs medication for an extended period (more than 2 doses in 24hrs) or for a chronic condition, you must supply the medication and complete an authorized provider's request for medication administration.
• If you wish for your child to receive brand name medication or have specific requests such a sugar or dye free you must also supply medication and complete an authorized provider's request for medication administration

If this form is completed and signed, MCS may provide generic brand medication to your child at your request:

Table with 3 columns: Over-the-counter Drug, Permission to Administer?, Dosage: (choose one for each). Rows include Acetaminophen Chewable, Acetaminophen Liquid, Acetaminophen Tablets/Caps, Ibuprofen Liquid, Ibuprofen Tablets.

One form must be completed for each student

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize I give permission for designated MCS staff members to administer medication at school. I understand that my signature below constitutes a waiver by me to the school and/or staff member for liability or untoward reaction to the medication. By signing this form, I am agreeing to hold the school and its personnel free from any legal action that might arise from this arrangement.

Parent/ Guardian Signature _____ Date _____

This form is valid for the duration of the school year in which signed