

**AUTHORIZATION/PARENTAL CONSENT  
FOR SCHOOL TO PROVIDE ACETAMINOPHEN**

*NOTE: Provide the school with a new form each school year.*

Student's name: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/guardian's emergency contact name and number:

\_\_\_\_\_ Home Work Cell

**MEDICATION AUTHORIZATION**

Does your the student have permission to take acetaminophen if necessary? Yes No

**STUDENT HEALTH INFORMATION**

Does the student have any known allergies? Yes No

*If yes, attach a list of known allergies to this form and certification from a healthcare provider that the student is not known to be allergic to any medication the school is requested to provide or any medication that the student will self-administer.*

Does the student have any medical conditions the school should be aware of? Yes No

If yes, describe: \_\_\_\_\_

**PARENTAL CONSENT**

I am the parent or guardian of \_\_\_\_\_. I give my permission for him/her to take the acetaminophen while in the North Border School District.

I acknowledge that I have read, understand, and agree to comply with the school district's medication program policy. I certify that the information included on this form is accurate to the best of my knowledge. I hereby release the North Border School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**STUDENT CONSENT**

I acknowledge that I have read, understand, and agree to comply with the school district's medication program policy. I also acknowledge and agree to comply with the district's drug and alcohol free school policy, which contains restrictions related to medication, including rules prohibiting me from giving medication (prescription and over-the-counter) to other students. Anytime I believe that I am having a reaction to my medication, I will report this information to my teacher or another school employee.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date