AUTHORIZATION TO ADMINISTER ACETAMINOPHEN (non-aspirin) FROM SCHOOL SUPPLY
2016-2017
TAMALPAIS UNION HIGH SCHOOL DISTRICT

Dear Parents,
According to Board Policy 5141.21 of the Tamalpais Union High School District, if your child requires medication, self-administration of medication, and/or treatment, or if you wish to authorize administration of acetaminophen (non aspirin) pain reliever, **it is your responsibility to see that this form is on file in the Main Office and that it is updated on a yearly basis or more often as needed. This form must be on file BEFORE the medication/treatment may be given. No exceptions to the policy will be made. Signatures of parent and student and physician are required.** Return the completed form to Health Specialist, Redwood High School, 395 Doherty Drive, Larkspur, CA 94939 or fax to 415-924-2113.

Authorization:

_____, Student (please print) has been informed regarding the proper use, dosage and administration of acetaminophen (non-aspirin) and we consider him/her to be responsible regarding its use.

I, _____, Parent/Guardian (please print) request that the above named student be allowed access to medication from the school's supply as necessary, under the supervision of the school nurse or other authorized school personnel, under the following conditions:

1. No aspirin (acetylsalicylic acid) or related compounds will be given, only acetaminophen (Tylenol).

2. Dosage will be in accordance with the manufacturer's directions.

3. To monitor chronic use or persistent problems, records will be kept of all medications given.

4. No medication will be given if:
   a. Fever is present.
   b. There is a history of head trauma in the previous 24 hours.
   c. There is no signed *Authorization to Administer Acetaminophen* form on file at Redwood.

Signatures (parent and student and physician) are required.

_____ _____
Signature of Parent or Guardian (required) Date

_____ _____
Signature of Student (required) Grade

Name of Physician _____

_____ _____
Signature of Physician Date