

S-9: Secondary Student Non-Prescription Medication Form



PARENT/GUARDIAN RELEASE

As the undersigned parent(s) or legal custodian(s) of:

Secondary Student Last Name: _____ Secondary Student First Name: _____ Grade: _____

I hereby authorize, in accordance with Board Policy S-9, the administration of the following medications, on an "as needed" basis, by the school nurse or designated staff member at _____ School.

Acetaminophen: 325mg to 650mg (up to (2) 325 mg tablets) every 4 to 6 hours.

Ibuprofen: 200mg to 400mg (up to (2) 200mg tablets) every 6 to 8 hours.

Parent/Guardian Signature

Date

Phone Number with Area Code

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United State Codes, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Whitney Banks, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.