



The Woodstock Academy

AUTHORIZATION FOR THE ADMINISTRATION OF ASPIRIN-LIKE SUBSTITUTES

Woodstock Academy will accept **WRITTEN** requests from parents/guardians to give aspirin-like substitutes (Acetaminophen or Ibuprofen) to a student. In such cases, the order of a licensed physician or dentist is not required. Students are not allowed to carry or self-administer medications, neither prescription, nor over-the-counter medications and supplements, during the school day. The only exceptions to this regulation are for the use of inhalers, insulin, or Epi-pens.

If you wish to authorize the administration of Aspirin-like substitutes in school, please complete all fields below.

This form is in effect for one school year. Therefore, it must be completed annually.

School Year _____

Student Name _____ Grade _____

Address _____ Date of Birth _____

Allergies _____

Name of Medication and dose (please check preference)

Acetaminophen (Tylenol) _____ 1 tablet _____ 2 tablets _____

Ibuprofen (Motrin) _____ 1 tablet _____ 2 tablets _____

I hereby request that the medication listed above be administered to my child by the appropriate school personnel in accordance with state regulations: I will notify the school if I no longer wish my child to receive this medication.

Parent/Guardian Signature _____ Date _____

Relationship to student _____