



HOLDINGFORD PUBLIC SCHOOLS – ISD #738
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AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION AT HOLDINGFORD ELEMENTARY SCHOOL

Parents and Guardians,

So that we may provide the best care for your child, please read and complete this form and return it to the elementary office as soon as possible. The information will be used to treat students who come to the school nurse’s office reporting minor ailments, such as headaches, muscle aches, upset stomach, or allergies. Rest is always the first choice of treatment; however, when rest fails, medication may provide comfort and thus allow the student to return to the classroom. This form will permit the school nurse or another authorized adult to administer certain over-the-counter medications to your child when he/she presents with symptoms such as those listed above. This form, once signed, will also release school personnel from liability in the event that any reaction occurs from the medication.

Please check the box next to the medication(s) that may be administered to your child at school. These medications will be available in the school nurse’s office, but if your child needs OTC medicine frequently (more than 1 time per week), please send a box/bottle from home (this will be stored in the nurse’s office and used only for your child). If changes occur during the year, please notify the school immediately. Permission form valid for one school year only.

- Adult Strength Ibuprofen - 200mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscle aches, and menstrual cramps) Dosage _____
 - Adult Strength Acetaminophen [Tylenol] - 325mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscles aches, and menstrual cramps) Dosage _____
 - Junior Strength Ibuprofen - liquid or chewable tablets**
 Dosage will be administered according to package instructions (based on child’s age and weight).
 - Junior Strength Acetaminophen - liquid or chewable tablets**
 Dosage will be administered according to package instructions (based on child’s age and weight).
 - Children’s Benadryl - liquid or chewable tablets** (for temporary relief of uncomplicated symptoms related to hay fever or other upper respiratory allergies: runny nose; sneezing; itchy, watery eyes; itching of the nose or throat)
 Dosage will be administered according to the package instructions (based on child’s age and weight).
 - Children’s Pepto Bismol or Children’s Tums - chewable tablets** (for temporary relief of nausea, heartburn, indigestion, upset stomach, diarrhea)
 Dosage will be administered according to package instructions (based on child’s age and weight).
 - Cough Drops and Throat Lozenges**
- I do not need to be contacted when my child receives the medication(s) selected above, unless my child has a significant condition or is requesting medication more often than what may be considered normal or healthy.
- I wish to be contacted **before** my child receives the medication(s) selected above.
- I wish to be contacted **after** my child receives the medication(s) selected above.

Student Name _____

Grade _____

Parent / Guardian Signature _____

Date _____

Priorities

Holdingford Schools will offer a curriculum that is relevant, up to date, and aligned with state standards.

We will offer a wide variety of electives and support students at all grade levels.

We will be fiscally responsible and maintain a strong culture of open communication.