



HOLDINGFORD PUBLIC SCHOOLS – ISD #738
P.O. Box 250, Holdingford, MN. 56340

Chris Swenson
 Superintendent
 320-746-2196

Angela Safran
 Secondary Principal
 320-746-4309

Jim Stang
 Elementary Principal
 320-746-4461

Garrity Gerber
 Business Manager
 320-746-4306

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION AT HOLDINGFORD HIGH SCHOOL

Please read and select one **OR BOTH** of the choices below.
 Contact the school nurse at (320) 746-4368 with any questions or concerns.

- I request that the school nurse or designated person give my child the medication(s) selected below, when necessary, according to label instructions regarding proper uses, dosage amounts, and administration times. I release school personnel from liability in the event that any reaction occurs from the medication.

- I give my son/daughter permission to possess and administer his/her own nonprescription relief medication if used according to label instructions. This permission includes over-the-counter medications such as Tylenol (acetaminophen), Advil (ibuprofen), Benadryl (diphenhydramine), etc.
No cold or allergy medication containing ephedrine or pseudoephedrine will be allowed. Please check the ingredients listed on the medication package.
 The students must possess the medication within its original package. **Students may NOT share their medication with other students.** The school district may revoke a student’s privilege to possess and use nonprescription relief medication if the school district determines that the student is abusing the privilege.

- Ibuprofen - 200mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscle aches, and menstrual cramps)
- Acetaminophen [Tylenol] - 325mg/tablet** (for temporary relief of minor aches and pains, such as headaches, muscle aches, and menstrual cramps)
- Midol** (for temporary relief of cramps, bloating, water-weight gain, headache, backache, muscle aches, and fatigue associated with menstrual periods)
- Diphenhydramine [Benadryl] - 25mg/tablet** (for temporary relief of uncomplicated symptoms related to hay fever and other upper respiratory allergies: runny nose; sneezing; itchy, watery eyes; itching of the nose or throat)
- Pepto Bismol or Tums - chewable tablets** (for temporary relief of nausea, heartburn, indigestion, upset stomach, and diarrhea)
- Cough Drops and Throat Lozenges**

Student Name _____ Grade _____

Student Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Telephone Number(s) _____

*****Should your child request relief medication from the school nurse more often than is considered normal or healthy, or in the event of a significant illness or injury, you will be contacted. (SEE REVERSE SIDE OF FORM)**

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.

**THIS PERMISSION FORM WILL BE IN EFFECT
UNTIL THE STUDENT'S GRADUATION
FROM HOLDINGFORD HIGH SCHOOL.
PLEASE NOTIFY THE SCHOOL NURSE
IMMEDIATELY IF ANYTHING CHANGES.**

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