

**Brother Rice High School  
Parent/Guardian Permission and  
Authorization**

\_\_\_\_\_  
Student's Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student I.D.

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I hereby authorize the school nurse or her designee, on my behalf, to administer or to attempt to administer to my child on an as needed basis the following:

**Check all that apply:**

\_\_\_\_\_ *Ibuprofen 200 mg.-1-2 tablets by mouth every 4-6 hours as needed for temporary relief of minor aches and pain due to the common cold, arthritis, muscle aches, headache, and fever. (Max: 6 tablets in a 24 hr. period). Generic for: Motrin or Advil.*

\_\_\_\_\_ *Acetaminophen 500mg – 2 tablets by mouth every 4-5 hours as needed for temporary relief of minor aches and pains associated with headache, muscle aches, minor arthritis pain, toothache, common cold, and fever. (Max dose: 8 tablets in 24 hrs.)Generic for: Tylenol.*

\_\_\_\_\_ *Antacid(Calcium carbonate 420mg)-2 tablets chewed by mouth every 2-3 hours as needed for relief of acid indigestion, sour stomach, heartburn and upset stomach. Generic for: Tums*

\_\_\_\_\_ *Antacid(Diotame)-2 tablets chewed by mouth every ½ hour to 1 hour, (max: 8 doses in a 24 hour period)for relief of upset stomach, indigestion, nausea, heartburn, and diarrhea. Generic for: Pepto-Bismol.*

\_\_\_\_\_ *Sinus Decongestant (Phenylephrine HCl 5mg.) – 2 tablets every 4 hours as needed for temporary relief of nasal congestion due to common cold, hay fever, other respiratory allergies and nasal congestion associated with sinusitis. (Max: 12 tablets in a 24 hour period)*

**A Parent (Guardian) will be notified by the nurse (or her designee) if a student requests medication for the same symptom twice within a week.**

I agree to indemnify and hold harmless Brother Rice High School, its members, its board of directors, officers, employees, and volunteers from any claim, liability, loss, or expense, including reasonable attorney fees, suffered by any of the foregoing indemnities arising out of a claim related directly or indirectly to my son's (ward's) self-administration of the above referenced medications. I understand that Brother Rice High School and foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medications; provided however, this indemnity and holds harmless commitment does not apply to the willful and wonton conduct of the forgoing individuals.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name ( Printed)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Emergency Phone Number of Mother/Guardian

\_\_\_\_\_  
Physician Name (Printed)/phone #

\_\_\_\_\_  
Emergency Phone Number of Father/ Guardian