MINNESOTA VALLEY LUTHERAN HIGH SCHOOL
Parent Authorization Form
Over-the-Counter (OTC) Pain Relief Possession for Secondary Students

A new law was passed in Minnesota August 1, 2005 (Statute 121.A222) which allows secondary students (grades 7-12) to possess and appropriately use over-the-counter pain medication (such as Acetaminophen (Tylenol) or Ibuprofen (Motrin)) with annual written parent permission. Any medication other than an over the counter pain reliever requires a doctor's authorization.

Being the parent/guardian of ______________________________, Grade ________ here-by give my permission for him/her to possess and appropriately use the following over -the-counter pain medication(s):

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In a manner consistent with the products label during the current school year.

I understand that if the above named student is found to be in violation of the law requirements by (but not limited to) inappropriately using the medication (such as not following the manufacturer's recommended instructions for use including correct dose recommendations) or sharing his/her medication with another student, their right to possess and carry over-the-counter pain medication may be terminated by the school.

I further understand that students found to be in possession of over-the-counter pain relief medication prior to their parent completing and giving this form to the high school health office could be considered a violation of the law, and therefore could terminate their rights according to the law.

Finally, students found possessing an over-the-counter medication not in the original container and/or wrongfully distributing an over the counter medication to a fellow student could be considered a violation of the law, and therefore subject to school discipline which could terminate their rights according to the law.

______________________________ ______________________________

Parent/Guardian Signature Date of Signature

For the Student:
I have read this authorization form and agree to follow all the rules that apply to the right and privilege of possessing and self-administering an over-the-counter pain relief medication.

______________________________ ______________________________

Student Signature Date of Signature

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Office Use Only: Date received by Health Office Staff__________ Initials__________