

Brentwood School District
1201 Hanley Industrial Court
Brentwood, MO 63144

TO: Parent/Guardian
FROM: Cindy Branham, RN BSN
School Nurse
RE: Over the Counter Pain Medication at School

During the course of the year, your child might occasionally require the need for pain management for headaches, orthodontic adjustments or muscle soreness. The Middle/High School Clinic does maintain a stock of generic acetaminophen and ibuprofen in tablet or capsule form which may be administered if needed. However, **medications of any kind cannot be administered without written consent from the student's parent or guardian.** Dosages will be administered according to label directions. Extended use (over 5 consecutive days) of over the counter pain medication will require a physician's order.

Please be aware that no medication may be kept in a student's locker, backpack or purse, except in certain circumstances such as Epi Pens and asthma inhalers and then only if ordered by your child's physician in writing.

If you desire to have these over-the-counter medications available to your son or daughter, please complete and sign the permission statement below. Should you prefer a different over the counter pain reliever, you will need to complete and return a Medication Administration Consent form and send a supply of non-expired medication in it's original packaging to school

Date: _____

As Parent/Legal Guardian of _____, Grade _____,
I hereby give my permission for my child to receive the following medication as needed for pain,
according to the label directions:

Acetaminophen Yes No
Ibuprofen Yes No

Signature of Parent/Legal Guardian

Date