

Bedford County Public Schools
Providing and Administering Non-Aspirin Pain Relievers
and Oral Antihistamines in School Clinics

I give permission for my child _____ to receive a non-aspirin pain reliever (acetaminophen) during the school year for pain relief or fever discomfort. The school nurse or designated assistant will administer the medicine according to medication label instructions based on the age and weight of the child. Medicine for fever relief is only to provide comfort, not to keep the child in school. My signature also testifies that my child has taken this medicine before and is not allergic to acetaminophen.

Parent/Guardian
Signature _____ Date _____

I give permission for my child _____ to receive oral antihistamines during the school year in case allergic reaction symptoms appear. This is for emergency use only, not to treat my child's seasonal allergy symptoms. I realize my child will not be allowed to drive home after receiving this medication. My signature testifies that my child has taken this medicine before and is not allergic to oral antihistamines.

Parent/Guardian
Signature _____ Date _____

I do hereby, on behalf of myself and my child, waive any and all claims that I may have now or in the future of every kind and nature, for damages or injuries of any kind, relating to or arising out of administration of medications by school personnel.

Parent/Mother Signature _____ Date _____
Parent/Father Signature _____ Date _____