



STUDENT SERVICES
JUNEAU SCHOOL DISTRICT

10014 Crazy Horse Drive • Juneau, Alaska 99801 • 907.780.2063 • 907-780-2069

**PARENT AUTHORIZATION FOR ADMINISTERING
ACETAMINOPHEN (Tylenol) or IBUPROFEN (Advil)**

Student Name _____ Birthdate _____ Grade _____

I, _____, give my consent for _____
(Print) Parent/Legal Guardian Name (Print) Student's Name

to be administered **Acetaminophen / Ibuprofen (circle one or both)** during the period he/she is enrolled in this school. If consent is granted, I agree to release the District from liability for the dispensation of the medication.

Parent/Guardian Signature Date:

TUBERCULIN/PPD SKIN TEST CONSENT OR EXEMPTION

The State of Alaska (statute 27.AAC.27.213) requires all students in kindergarten, seventh grade, or new to the Juneau School District to have a PPD skin test for tuberculosis within 90 days of starting school. This is an intradermal (under the skin) injection with a small needle and syringe. A previous positive PPD skin test or documented PPD given within six months will be accepted and need not be repeated. This test may be done at school, Juneau Public Health, or your primary doctor's office.

PLEASE CHECK ONE:

_____ I give my consent for my child to have the PPD skin test done at school, when indicated, during the period he/she is enrolled. You will be notified if your child has a positive PPD skin test.

_____ I do not give my consent for my child to have PPD skin test to be done at school. Reason: _____

Parent/guardian signature Date

Please contact your school nurse if you have any questions.