

Administration of School Supplied Acetaminophen and Ibuprofen for Middle School and High School Students

Purpose: Over the counter (OTC) pain relief medications can be obtained without a doctor's prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of over the counter pain relief medications at school can assist students to remain in school and continue to achieve in the classroom.

PARENT/GUARDIAN AUTHORIZATION

Valid for current school year _____

Student name: _____ **Date of birth:** _____ **Grade:** _____

I give permission to authorized school staff to give my child acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin/Advil) when determined to be needed for headache, menstrual cramps or tooth/orthodontic pain. The student will be able to receive 5 doses throughout the school year. When 5 doses have been given the parent will be notified.

Select ONE medication and dose to be given:

Acetaminophen 325 mg tablets- **(circle one)** give 1 tablet or give 2 tablets

OR

Ibuprofen 200mg tablets- **(circle one)** give 1 tablet or give 2 tablets

Does this student have any drug allergies? List _____

Does this student have any chronic health conditions? List _____

Parent/guardian signature _____ **Date** _____

School nurse signature _____ **Date** _____

THIS SECTION FOR SCHOOL HEALTH OFFICE USE ONLY

Date	Time	Medication	Dose	Reason/need for medication	Initials

Staff signature and initials: _____ Date: _____

Staff signature and initials: _____ Date: _____

Parent/Guardian notified after five doses of medication have been given:

Health office Initials: _____ Date: _____