

## 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: \_\_\_\_\_