

Acetaminophen (TYLENOL) and Ibuprofen (ADVIL, MOTRIN) Permission Form

This form does NOT apply to Toddler age students

Student Name: _____ Date of Birth: _____

Per standing orders from our school physician, Dr. Catherine Labiak-Maher, the school nurse is able to give Acetaminophen and/or Ibuprofen up to 10 times in the school year, as needed, with your signed permission below.

More than 10 doses of Acetaminophen, or Ibuprofen, and **ANY** other medications, prescription or over-the-counter, must be accompanied by your child's physician's signed order prior to medication administration. **The school nurse is not able to give antihistamines, cough medicine, allergy medications, etc. – even over the counter- without your doctor's signed orders.** Whenever possible, it is best to provide medications to your child before and after school hours.

I give my permission for the school nurse to administer the following medications, as indicated with a check mark below, up to 10 times each, as needed, for illness or injury during the 2023-2024 school year:

- Acetaminophen (Tylenol)** (pain reliever, fever reducer)
- Ibuprofen (Advil, Motrin)** (anti-inflammatory, pain reliever, fever reducer)

- DO NOT GIVE ACETAMINOPHEN OR IBUPROFEN to my child.

If either or both of the medications indicated above are allowed, please check your administration/communication preference below. As noted, RN attempts to communicate with parents/guardians prior to any administration of Tylenol or Ibuprofen.

- Wait to administer the above allowed medication, **for my verbal consent, in addition to this signed form.**

- Yes, administer the above indicated medications for headache, pain/discomfort, or inflammation, as needed, even if unable to reach me by phone ahead of time. Contact me with complete details: reason given, medication, dose, form, and time, as soon as possible.

Parent/Guardian _____ Date: _____
(Print) (Signature)

Acetaminophen: 1 2 3 4 5 6 7 8 9 10

Ibuprofen: 1 2 3 4 5 6 7 8 9 10