

**2024/2025 Acetaminophen (TYLENOL), Ibuprofen (ADVIL, MOTRIN), Topical
creams/lotions 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, and the topical creams listed below as needed, with your signed permission.

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 except for the topical over the counter medications below.** 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)
- Calamine lotion (anti itch lotion)
- Hydrocortisone cream 1% (anti itch cream)
- Sting-Kill wipes (Active ingredients: Benzocaine 20%, Menthol 1%) (for bee stings)
- Antibiotic ointment (for minor cuts/scrapes)
- Tums

DO NOT GIVE ANY MEDICATIONS to my child.

If any 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 medication at school.

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

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