

## 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. The American Academy of Pediatrics Policy Statement for Administration of Medication in School states “providing parent approved short-term medications, such as pain relievers, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption.”**

**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 a medication and dose to be given

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

**Ibuprofen 200mg tablets- give 1 or 2 (circle) 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** \_\_\_\_\_

Date	Time	Medication	Dose	Reason/need for medication	Initials

Staff signature and initials: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature and initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian to be notified when five doses of medication have been given:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_