ACETAMINOPHEN/IBUPROFEN FORM
HIGH SCHOOL

Dear Parent/Guardian:

Occasionally your child may unexpectedly need acetaminophen/ibuprofen during a school day. For these occasions, the school nurse may maintain a **LIMITED** supply of these medications.

Please complete the form below and return it to the school nurse if you want your child to receive acetaminophen/ibuprofen during the school day.

IF YOUR CHILD NEEDS ACETAMINOPHEN FOR AN EXTENDED TIME OR FOR A CHRONIC CONDITION, YOU *MUST* SUPPLY THE MEDICATION.

Name of Student: Date of Birth:

Grade: Teacher:

My child may receive the medication(s) checked below:

YES	NO	MEDICATION	DOSAGE	FREQUENCY
☐	☐	Acetaminophen (Tylenol)	1 adult regular = 325 mg.	Every 4 hours if necessary
☐	☐	Acetaminophen (Tylenol)	2 adult regular = 650 mg.	Every 4 hours if necessary
☐	☐	Ibuprofen (Advil)	1 regular strength = 200 mg.	Every 6 hours if necessary
☐	☐	Ibuprofen (Advil)	2 regular strength = 400 mg.	Every 6 hours if necessary

DO NOT ADD ANY MEDICATIONS TO THIS FORM

PLEASE INDICATE IF YOU WOULD LIKE TO BE NOTIFIED PRIOR TO YOUR CHILD RECEIVING MEDICATION ☐ YES ☐ NO

I authorize the school nurse or the principal's designee to be my agent to give the medication(s) checked above to my child. I agree to, and do hereby hold the district and its employees harmless from any and all claims, demands, causes of actions, liability, or loss of any sort, because of or arising out of acts or omissions with respect to this medication.

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Signature of Parent/Guardian Date