



HIGH SCHOOL

ACETAMINOPHEN/IBUPROFEN FORM

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 \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

**MY CHILD MAY RECEIVE THE MEDICATION(S) CHECKED BELOW:  
BOXES MUST BE CHECKED IN ORDER FOR YOUR CHILD TO RECEIVE MEDICATION**

YES	MEDICATION	DOSAGE	FREQUENCY
<input type="checkbox"/>	Acetaminophen (Tylenol)	1 adult regular = 325 mg.	Every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen (Tylenol)	2 adult regular = 650 mg.	Every 4 hours if necessary
<input type="checkbox"/>	Ibuprofen 200mg (Advil)	1 regular strength = 200 mg	Every 6 hours if necessary
<input type="checkbox"/>	Ibuprofen 200mg (Advil)	2 regular strength = 400 mg	Every 6 hours if necessary

**PLEASE DO NOT ADD ANY MEDICATIONS TO THIS FORM**

I authorize the school nurse or the principal's designee to be my agent to give the medication(s) checked above to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date