

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## ACETAMINOPHEN OR IBUPROFEN PERMISSION FORM

The Berlin Board of Education Policy allows school nurses to dispense Acetaminophen or Ibuprofen under "Standing Orders," written by our Medical Advisor, **and** with the written permission of the parent or guardian.

These Standing Orders allow Acetaminophen or Ibuprofen to be given only for the following three reasons:

1. Headache, without injury or fever
2. Menstrual cramps
3. Recent dental work

\*Acetaminophen or Ibuprofen cannot be given for any other reason, or dose, unless it is requested, in writing, by your physician.

\*Only one dose will be given during the school day. If the student continues to have a problem, the parent will be notified that a medical evaluation is needed.

\*If you wish your child to be given medication, as indicated in the Standing Order, please complete and sign the form below.

Circle your medication preference, or we will use our discretion as needed.

**<Acetaminophen (Tylenol) 650 mg orally >**

**<Ibuprofen (Advil, Motrin) 400 mg orally >**

Other medications the student is taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

To my knowledge, my child is not allergic to Acetaminophen or Ibuprofen and he/she has no medical condition that the selected medication would be harmful.

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Parent / Guardian Signature

Date