

**Telluride School District**

**2018-2019**

**Consent Form to administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) in school**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Under the standing orders of the Medical Advisor, Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) may be given to students with parent's authorization. No standing order medication will be administered to a student without parent/guardian written permission. Standing orders are intended for occasional use of these medications. Students who require recurrent use of these medications will need a Medical Authorization form signed by their own Primary Care Physician.

**The School Nurse/Nurse's Aid has my permission to administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) to my child during the school year. A new form must be filled out every school year.**

**Students 12 years and older:**

**Acetaminophen (Tylenol)**

Students 12 years and older may be administered 325mg-650mg every 6 hours for headache without fever, menstrual cramps, dental/orthodontic pain or muscular discomfort.

**Ibuprofen(Advil/Motrin)**

Students 12 years and older may be administered 200mg-400mg every 6 hours for headache without fever, menstrual cramps, dental/orthodontic pain or muscular discomfort. Give with food if on empty stomach.

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

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

To my knowledge, my child is not allergic to Acetaminophen or Ibuprofen and/or has no medical condition for which Acetaminophen or Ibuprofen would be harmful.

I understand, with my written permission on this form, that my child may be given only one dose during the school day up to twice in one week. If the student continues to be uncomfortable, the parent/guardian will be contacted to pick child up for possible further evaluation. If my child presents with other symptoms during the day (i.e. sore throat, stomachache, temperature above 100 and above symptoms are included, no medication can be given.

I further understand if my child has a headache due to an injury to his/her head, then Acetaminophen or Ibuprofen **cannot** be given.

I understand I will be contacted if my child needs a dose of Acetaminophen or Ibuprofen.

Parent Name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_