DUBUQUE
COMMUNITY SCHOOLS

SCHOOL NURSE ADMINISTRATION OF ACETAMINOPHEN (IE, TYLENOL) AND IBUPROFEN (IE, MOTRIN)

FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS ONLY

Acetaminophen (ie, Tylenol) and Ibuprofen (ie, Motrin) may be administered by the School Nurse or authorized staff member with this signed parental or guardian consent (see below) based on student self-referral. Students may receive up to 5 doses, after which the School Nurse will assess the student and contact parent or guardian to determine if medical referral is needed before any more doses can be given. Furthermore, based on the assessment findings, a school nurse may refuse to administer either medication regardless of number of doses given until parent obtains written permission of licensed health care provider via a medication release form/order or can determine if appropriate to administer medication regardless of number of doses given.

PARENT AUTHORIZATION

Valid only for current school year when this section is completed by parent/guardian and when the annual health assessment form is signed by parent, completed, and on file in the health office.

STUDENT NAME:	GRADE:	DATE OF BIRTH (mm/dd/yyyy):

DOES THIS STUDENT HAVE ANY DRUG ALLERGIES? [ ] YES [ ] NO *If yes, please list allergies:*

MAY THE STUDENT HAVE ACETAMINOPHEN (ie, Tylenol)? [ ] YES [ ] NO	MAY THE STUDENT HAVE IBUPROFEN (ie, Motrin)? [ ] YES [ ] NO

I give permission to the School Nurse or authorized staff to give my child an appropriate dose of Acetaminophen (ie, Tylenol) or Ibuprofen (ie, Motrin) when determined to be needed. *(NOTE TO PARENT: If your student is unable to swallow tablets, you will need to supply chewables or liquid. Please send this medication sealed in the original packaging. Thank You!)*

_____   _____
PARENT / GUARDIAN SIGNATURE   DATE

SCHOOL USE ONLY

APPROVED MEDICATIONS AND DOSING FOR MIDDLE SCHOOL AND HIGH SCHOOL:

- ACETAMINOPHEN (ie, Tylenol) DOSE APPROPRIATE FOR STUDENT AGE/WEIGHT: 325 mg to 1000mg per dose
- IBUPROFEN (ie, Motrin) DOSE APPROPRIATE FOR STUDENT AGE/WEIGHT: 200 mg to 400 mg per dose

_____   OR   _____
SCHOOL NURSE SIGNATURE   SCHOOL HEALTH PARAPROFESSIONAL SIGNATURE

DATE	TIME	ACETAMINOPHEN	IBUPROFEN	DOSE	REASON	SIGNATURE
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			

PARENT CONTACT: NOTIFIED OF FIVE DOSES GIVEN. PERMISSION TO CONTINUE DOSING: [ ] GRANTED [ ] DENIED

DATE	TIME	ACETAMINOPHEN	IBUPROFEN	DOSE	REASON	SIGNATURE
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			

PARENT CONTACT: NOTIFIED OF FIVE DOSES GIVEN. PERMISSION TO CONTINUE DOSING: [ ] GRANTED [ ] DENIED