

**Administration of School Supplied Acetaminophen and Ibuprofen  
During School Hours  
Cromwell Middle School and Cromwell High School**

**PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:**

Valid for current school year \_\_\_\_\_

**Student name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I give permission to authorized school staff to give my child acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) when determined to be needed for headache, menstrual cramps, dental pain or fever. I have reviewed the information in the standing orders and agree that my child may safely take the medications according to the recommended dose by weight.

Select a medication(s) and dose to be given

**Acetaminophen 325 mg tablets – give 1 or 2 (circle) tablets**

**Ibuprofen 200 mg tablets – give 1 or 2 (circle) tablets**

My child has taken *acetaminophen* before: Yes No without problem: Yes No

My child has taken *ibuprofen* before: Yes No without problem: Yes No

Does this student have any drug allergies? List \_\_\_\_\_

Does this student have any chronic health conditions? List \_\_\_\_\_

**Parent/guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**School nurse signature** \_\_\_\_\_

**Date** \_\_\_\_\_