**Cherry Hill Public Schools**

**ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM**

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child’s weight and be administered by the School Nurse in accordance with the established protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. ***NO VERBAL PERMISSION WILL BE ACCEPTED***.

***Please note****:* ***Only one dose will be given per school day and will not exceed two doses per week*.**

If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more than twice per week, then you must obtain an order from your child’s physician (see Consent for Prescribed Medication).

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Team/Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

󠆸 I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive

󠆸 Acetaminophen

󠆸 Ibuprofen

󠆸 I do **NOT** give permission for my child to receive Acetaminophen or Ibuprofen at school.

I understand that a generic equivalent may be used. I understand that the dosage administered will be a **weight- based dose** in accordance with the established protocols developed by the school physician and in accordance with the Cherry Hill Public School medication policy. I understand that a maximum of one dose can be given per school day and will not exceed two doses per week.

**MEDICATION HISTORY**:

Is your child allergic to any medication? 󠆸󠆸 Yes 󠆸 󠆸󠆸No

If yes, please list the medication (s) and type of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any prescription or over the counter medication on a regular basis? 󠆸󠆸 Yes 󠆸 󠆸󠆸No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Eric Requa, School Medical Director, Cherry Hill Public Schools

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_