



REGIONAL DISTRICT #18 HEALTH FORM

**AUTHORIZATION FOR THE ADMINISTRATION OF  
IBUPROFEN/ACETAMINOPHEN IN THE MIDDLE AND HIGH SCHOOLS**

TO BE ONLY USED FOR PARENT/GUARDIAN REQUEST FOR IBUPROFEN/ACETAMINOPHEN  
WITHOUT A PHYSICIAN ORDER

State laws and regulations permit boards of education and schools to accept requests from parents/guardians to give ibuprofen/acetaminophen to a student. In such cases, the order of a licensed physician or dentist is not required.

**INFORMATION TO BE PROVIDED BY PARENT/GUARDIAN:**

Name of student: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Town: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_ Headache \_\_\_\_\_ Menstrual Cramps

\*\* Students with a fever will be excluded.

\*\*Ibuprofen/acetaminophen will not be administered after an injury so full extent of injury will not be masked by ibuprofen/acetaminophen.

\*\*Liquid or solid form of medication is acceptable.

Specific amount of ibuprofen (not to exceed 400mg/dose) \_\_\_\_\_

Specific amount of acetaminophen (not to exceed 650mg/dose) \_\_\_\_\_

Frequency of administration: 1 dose per school day as needed.

Medication administered from: (date) \_\_\_\_\_ to: (date) \_\_\_\_\_

I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with state regulations. I have instructed my child to report to school personnel or myself if medication does not appear to be effective.

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

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

Approved by School Medical Advisor: \_\_\_\_\_ Date: 7/1/2020

Vijay K. Sikand M.D.