

STONINGTON PUBLIC SCHOOLS

**PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER
ACETAMINOPHEN AND IBUPROFEN FOR 2021-2022 SCHOOL YEAR FOR
USE IN MIDDLE AND HIGH SCHOOLS ONLY**

Connecticut state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give acetaminophen and ibuprofen to students. In such cases, the order of a licensed physician is not required. **School RN must keep record of assessment and administration.**

INFORMATION PROVIDED BY PARENT/GUARDIAN:

Name of Student: _____ Date of Request: _____
Address: _____ Date of Birth: _____
_____ TEL: _____

Reason medication may be given: Simple Headache, Menstrual discomfort, Dental/orthodontic Pain or Minor joint/muscle pain ****STUDENTS WITH FEVER WILL BE EXCLUDED****

DOSAGE AND FREQUENCY OF ADMINISTRATION:

Ibuprofen 200 mg, one to two tablets by mouth if needed, **not to exceed three doses within 30 days.** (1 tab if 50 to 64 lbs; 1½ tabs if 65 to 89 lbs; 2 tabs if 90 > lbs.)

OR

Acetaminophen 325 mg, one or two tablets by mouth if needed, **not to exceed three doses within 30 days.** (1 tab if 50 to 74 lbs; 1 ½ tabs if 75 to 89 lbs; 2 tabs if 90 > lbs.)

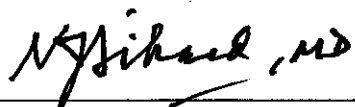
I hereby request that the medications listed above be administered to my child by school registered nurse and in accordance with state regulations. I have instructed my child to report to school personnel and myself if the medication does not appear to be effective.

Parent/Guardian Name _____

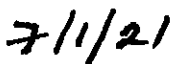
Relation to Child _____

Signature _____ Date _____

Approved by School Medical Advisor:



VIJAY K. SIKAND, M.D.



DATE