

STONINGTON PUBLIC SCHOOLS

**PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER
ACETAMINOPHEN AND IBUPROFEN FOR 2022-2023 SCHOOL YEAR FOR
USE IN GRADES 6th-12th 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 a 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 if 50-64 lbs; 300 mg if 65-89 lbs; 400 mg if 90> lbs, **not to exceed three doses within 30 days.**

OR

Acetaminophen 325 mg tabs or oral suspension 160 mg/5ml: 1 tab or 10 ml if 50-74 lbs; 1 ½ tabs or 15 ml if 75-89 lbs; 2 tabs or 20 ml if 90> lbs, **not to exceed three doses within 30 days.**

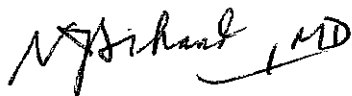
I hereby request that the medications listed above be administered to my child by a school registered nurse and in accordance with state regulations. I have instructed my child to report to school personnel and myself if the medication does not appear to be effective.

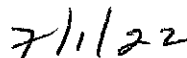
Parent/Guardian Name _____

Relation to Child _____

Signature _____ Date _____

Approved by School Medical Advisor:





VIJAY K. SIKAND, M.D.

DATE