COVENTRY PUBLIC SCHOOLS

FORM C: Authorization for the Administration Of Acetaminophen (Tylenol) on a Fieldtrip

**** Must be signed by DOCTOR & PARENT/GUARDIAN**

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and written authorization of a parent/guardian for a registered nurse, to administer medication.

Student's Name: _____ Date of Birth: _____

Address: _____ Weight in pounds: _____

Medication Name: **Acetaminophen (generic Tylenol)** Dose: **650mg not to exceed 15mg/kg**

Route: **by mouth** Time of administration: **every 4 to 6 hours as needed** Relevant side effects: **none expected**

For the following conditions: **menstrual cramps, headache without injury, recent dental work, symptoms of the common cold, minor joint or muscle pain, musculosketal injuries that are under doctor's care, earaches, or fever**

ALLERGIES: ☐ NO ☐ YES (specify): _____

Medication shall be administered from: _____ (month/day/year) to _____ (month/day/year)

Prescriber Signature: _____

Date: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize and consent for the above medication to be given to my child by a registered nurse while on this fieldtrip and give permission for the nurse to contact the above health care provider to discuss and obtain information for the safe administration of this medication.

Parent/Guardian Signature: _____ Date: _____

Home phone#: _____ Work phone #: _____ Cell phone#: _____

MEDICATION ADMINISTRATION RECORD:

Date	Time	Dose	Nurse Signature	Reason for Administration / Comment