# Cherry Hill Public Schools

## ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year:			
New Jersey State law allows for the administrate. The medication dosage will be based on your character the established protocols developed by the school this form must be completed and signed each school.	hild's weight and be ac ol physician. In order	dministered by the S for your child to re	School Nurse in accordance with ceive this medication at school,
Please note: Only one dose will be given per so	chool day and will not	exceed two doses p	per week.
If you anticipate that your child may require a dibuprofen more than twice per week, then you no Prescribed Medication).	lifferent dose to achiev nust obtain an order fr	re analgesic relief o om your child's phy	r may require acetaminophen or ysician (see Consent for
Name of Student:		Date of Bi	irth:
Grade/Team/Graduation Year:			
School:Teac			
I give permission for my child			
Acetaminophen			
Ibuprofen			
I do NOT give permission for my child to	receive Acetaminopl	nen or Ibuprofen a	at school.
I understand that a generic equivalent may be us dose in accordance with the established protoco Hill Public School medication policy. I underst exceed two doses per week.	sed. I understand that to is developed by the sc	he dosage administ	ered will be a weight-based in accordance with the Cherry
MEDICATION HISTORY:			
Is your child allergic to any medication? Yes N	No		
If yes, please list the medication (s) and type of	reaction:		
Does your child take any prescription or over th	e counter medication of	on a regular basis?	Yes No
If yes, please list:			x
PARENT SIGNATURE:		Date:	
Dr. Eric Requa, School Medical Director, Cherry Hill Publ	lic Schools		

#### CHERRY HILL PUBLIC SCHOOLS

### PROCEDURE FOR ADMINISTRATION OF ACETAMINOPHEN AND IBUPROFEN

Acetaminophen and Ibuprofen are administered from the health office by the school nurse.

Acetaminophen and Ibuprofen dosage will be calculated based on the child's weight (chart below) and be administered in accordance with the established protocols developed by the school physician.

School nurse is permitted to administer *one dose per school day not to exceed two doses per week*.

Parent/Guardian will provide a written order from their child's health care provider should a different dose or frequency be indicated (See policy for administration of medication).

Parent/Guardian must complete the Acetaminophen/ibuprofen authorization form each school year. Incomplete forms will be returned to the parent/guardian for proper completion.

Verbal permission will not be accepted as consent for administration of acetaminophen/ibuprofen.

**Dosing Chart** 

Child's Weight	Acetaminophen Dose	Ibuprofen Dose
18-231bs	120mg	80mg
24-351bs	160mg	100mg
36-47	240mg	150mg
48-591bs	320mg	200mg
60-711bs	325mg tablet or 400mg (chewable/liquid)	250mg
72-951bs	480mg (chewable/liquid) or 500mg tablet	300mg
Over 951bs	650mg	400mg

#### Resources:

https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Acetaminophen-for-Fever-and-Pain.aspx

https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Ibuprofen-for-Fever-and-Pain.aspx

Dr. Eric Requa, District Medical Inspector

Date: 5/26/20