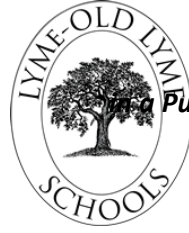


LYME-OLD LYME PUBLIC SCHOOLS

Regional School District #18

A Private School Experience



Public School Setting

Parent/Guardian Authorization for School Nurse to Administer Acetaminophen/Ibuprofen for 2025-2026 School Year For Use in Middle and High School Only

Connecticut state laws and regulations permit Boards of Education and schools to accept requests from parents/guardians to give acetaminophen or ibuprofen to students. In such cases, a standing order from a licensed physician acting as a school medical advisor is acceptable within the guidelines as specified. **School RN must keep a record of assessment and administration.**

INFORMATION REQUIRED BY PARENT/GUARDIAN:

Name of student: _____ Date of Request: _____

Address: _____ Date of Birth: _____

TEL: _____

Reason medication may be given: Simple headache, Menstrual discomfort, Orthodontic discomfort (Braces).

****Students with fever will be excluded****

DOSAGE AND FREQUENCY OF ADMINISTRATION:

Ibuprofen 200 mg, one or two tablets by mouth if needed, **not to exceed three doses within 30 days.** (1 tablet if 50-71 lbs; 1½ tablet if 72-95 lbs; 2 tablets if >95 lbs)


Acetaminophen 325 mg, one or two tablets by mouth if needed, **not to exceed three doses within 30 days.** (1 tablet if 50-74 lbs; 1½ tablet if 75-89 lbs; 2 tablets if >90 lbs)

I hereby request that the medications listed above be administered to my child by the school registered nurse or her designee 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: _____

Relationship to Child: _____

Signature: _____ Date: _____



Vijay K. Sikand MD Medical Advisor

July 1, 2025

Date