

Derby Public Schools
Administration of School Supplied
Acetaminophen (Tylenol) and Ibuprofen (Advil)
for Middle School and High School Students



Purpose: Over the counter (OTC) pain relief medications can be obtained without a doctor's prescription and are used for the relief of pain symptoms on a temporary basis. Appropriate use of OTC pain relief medications at school can assist students to remain in school and continue to achieve in the classroom. The American Academy of Pediatrics Policy Statement for Administration of Medication in School states "providing parent approved short-- term medications, such as pain relievers, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption."

PARENT/GUARDIAN AUTHORIZATION

Valid for current school year _____

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

I give permission to authorized school staff to give my child acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) when determined to be needed for headache, menstrual cramps, or tooth/orthodontic pain. The student will be able to receive 5 doses throughout the school year. When 5 doses have been given the parent will be notified.

Select a medication and dose to be given:

- ☐ **Acetaminophen (Tylenol) 325 mg tablets. PLEASE CIRCLE: 1 tablet 2 tablets**
☐ **Ibuprofen (Motrin/Advil) 200 mg tablets. PLEASE CIRCLE: 1 tablet 2 tablets**

Does this student have any drug allergies? List: _____

Does this student have any chronic health conditions? List: _____

Parent/Guardian Signature: _____ Date _____

School Nurse Signature: _____ Date _____

DATE	TIME	MEDICATION GIVEN	DOSE	REASON/ NEED FOR MEDICATION	INITIALS

Parent/Guardian to be notified when **five doses of medication** have been given:

Staff signature: _____ Date parent/guardian notified: _____

Method of notification: _____