Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1500 | 732-212-1356 (FAX)
rbb.k12.nj.us | @DreamBigRB | laugellil@rbb.k12.nj.us

Luigi F. Laugelli
Assistant Superintendent

DREAM BIGGER
2024-2029
A Five Year Roadmap

Acetaminophen Standing Order 2025-2026

Dear Parent/Guardian:

The New Jersey State Department of Education guidelines for administering medications at school require a parent/guardian signature for the dispensing of any medication to students. If you would like your child to receive Acetaminophen/Tylenol on an as needed basis, please complete and return this form for our files. Tylenol will only be administered for the following reasons:

1. Headache without injury or fever-parent/guardian will be contacted
2. Menstrual cramps
3. Recent Dental work
4. Fever greater than 101, child waiting to be picked up

A note will be sent home with your child if he/she receives Tylenol during the school day. If you have any questions, please don't hesitate to reach out.

MIDDLE SCHOOL	PRIMARY SCHOOL
Jeanette Croken RN, CSN 732-758-1500 EXT 1532 FAX 732-345-9047 crokenj@rbb.k12.nj.us	Cathy Reardon, RN, CSN 732-758-1500 EXT 1538 FAX 732-758-0172 reardonc@rbb.k12.nj.us

Student Name:	**Grade/Teacher:**
Other Medications Student is Taking:	
Allergies:	
To my knowledge, the above named student is not allergic to Acetaminophen/Tylenol and has no known medical condition where if administered it would be harmful. I understand that Acetaminophen/Tylenol dose is based on weight - 10mg/kg.	
Parent/Guardian Signature:	**Date:**

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Orden Permanente de Acetaminofén 2025-2026

Estimado padre/tutor:

Las pautas del Departamento de Educación del Estado de Nueva Jersey para la administración de medicamentos en la escuela requieren la firma de un padre/tutor para dispensar cualquier medicamento a los estudiantes. Si desea que su hijo reciba acetaminofén/Tylenol según sea necesario, complete y devuelva este formulario para nuestros archivos. Tylenol sólo se administrará por los siguientes motivos:

1. Dolor de cabeza sin lesiones ni fiebre-se contactará a los padres/tutores
2. Calambres menstruales
3. Trabajo dental reciente
4. Fiebre superior a 101, niño esperando a que lo recojan

Se enviará una nota a casa con su hijo si recibe Tylenol durante el día escolar. Si tiene alguna pregunta, no dude en comunicarse.

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Nombre del estudiante:	**Grado/Maestro:**
Otros medicamentos que el estudiante está tomando:	
Alergias:	
Hasta donde yo sé, el estudiante mencionado anteriormente no es alérgico al acetaminofén/Tylenol y no tiene ninguna condición médica conocida que, si se administra, sería perjudicial. Entiendo que la dosis de acetaminofén/Tylenol se basa en el peso: 10 mg/kg.	
Firma del padre/tutor:	**Fecha:**