MILWAUKEE PUBLIC SCHOOLS

MPS Protocol Medication Consent Form

Student's Name: _____ ID#: _____ Date of Birth: _____

School: _____ Grade: _____

Dear Parent/Legal Guardian:
School Nurses and School Nurse Associates provide care to students in the Milwaukee Public School District. These services support your child's safety, well-being, and attendance during the school day.

Nurses may administer Acetaminophen (Tylenol®) or Ibuprofen (Advil® or Motrin IB®) to students for occasional headaches, musculoskeletal pain, tendonitis, bursitis related to injury, menstrual cramps, or a fever of 100.4°F or higher. **Please note that while a child with a fever may receive Tylenol at school, they must also be picked up from school and stay home until they have been fever-free for 24 hours without using fever-reducing medication.**

Students presenting with asthma-like symptoms may be given a rescue inhaler of Albuterol or Proventil® by the Nurse, if available in the health office. **This protocol Albuterol inhaler is for emergency use only and does not replace your child having their inhaler at school. If your child uses a rescue or Albuterol inhaler at home, please provide the medication, a medical order, and signed parent/legal guardian consent to the school. The protocol Albuterol inhaler will not be sent on any field trips.**

It is important to note that your child can only receive these medications with your signed permission, and administration is subject to the Nurse's availability. Your consent ensures that you are actively involved in **your child's health care management and aware of any medical interventions.**

If you would like your child to receive protocol medications at school when needed, please complete this form and return it to the site-based school nurse. Please remember that this permission form must be completed each year to ensure we have the most up-to-date information about your child's health needs.

The dosage of the medications is specified in the "Standing Orders" approved by the School District's Medical Advisor. **Please check the medication you would like to have available to your child**. The dose schedule is below:

☐ For FEVER, HEADACHE or PAIN, **Nurses** may give:
Acetaminophen (Tylenol®) based on weight guideline of approximately 15 mg/kg/dose every 4-6 hours as needed with a maximum single dose of 650 mg.
OR
Ibuprofen (Advil® or Motrin IB®) based on weight guideline of approximately 10 mg/kg/dose every 8 hours as needed with a maximum single dose of 400 mg.

☐ For PAIN or MENSTRUAL CRAMPS, **Nurses** may give:
Ibuprofen (Advil® or Motrin IB®) based on weight guideline of approximately 10 mg/kg/dose every 8 hours as needed with a maximum single dose of 400mg.

☐ For ASTHMA-LIKE SYMPTOMS, **Nurses** may give:
4-6 puffs of **Albuterol** metered dose inhaler. You will be contacted after the medication has been given. May repeat in 20 minutes if symptoms persist.

☐ **DO NOT** give my child any of the protocol medications listed above.

We can only treat your child with your written permission. We must know if your child has **any drug allergies** or a history of any drug reactions**. Please list:**

_____

I give permission for the Nurse to administer an occasional dose of medication checked above to my child for fever, headache, pain, menstrual cramps or respiratory distress.

Signature of Parent/Legal Guardian Phone Number Date: (Month/Day/Year)