



Stock Acetaminophen/Ibuprofen Consent Form Grades 7-12

Under the standing orders of the district medical director, staff may administer stock generic acetaminophen or ibuprofen as listed below to students in grades 7-12. It is understood that:

- This written form must be completed by the parent/guardian each school year.
- Staff will administer the recommended therapeutic dose of the non-prescription medication in accordance with the manufacturer's instructions and this form.
- Students will be allowed to take one (1) dose of the stock medication per school day, up to three (3) days in a row, and up to eight (8) days in four weeks.
- Parent/guardian must complete a School Medication Consent form if the dose or frequency exceeds the allowances of this form. A medical practitioner's consent and signature is required if the dose or frequency exceeds the manufacturer's instructions.
- The stock medication will not be given in combination with other non-prescription medications (e.g. cold medicine), as they may also contain ibuprofen or acetaminophen.
- Medication will be administered by staff designated by the school nurse and principal.

Student's Full Legal Name _____ Date of birth _____

Grade _____ School _____ School Year 20____-20____

Student Weight (select **ONE**): ☐ Under 100 pounds (1 tablet) **OR** ☐ Over 100 pounds (2 tablets)

Medication (select **ONE**): ☐ Acetaminophen 325 mg tablet **OR** ☐ Ibuprofen 200 mg tablet

Warning: Acetaminophen should not be used by those with liver disease, hypersensitivity, or an allergic reaction.

Warning: Ibuprofen should not be used by those with kidney disease, stomach disorders such as bleeding or ulcers, an aspirin allergy or a hypersensitivity/allergic reaction.

PARENT/GUARDIAN CONSENT

I, the parent/guardian of the above named student, request the non-prescription medication listed above be given as needed at school. I agree to hold the School District, its employees and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school. My signature indicates that I have fully read and understand the above information.

Parent/Guardian Signature _____ Date _____

The District does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, or any other characteristic protected by law in its practices. (Updated 10.08.24)