



WALL TOWNSHIP PUBLIC SCHOOLS

1620 18th Avenue · PO Box 1199

Wall Township, NJ 07719

DISTRICT HEAD NURSE: Nurse Carrie Penn RN, BSN, CSN

Acetaminophen/Ibuprofen Consent Form

Administered by School Nurse

Acetaminophen and ibuprofen may be administered in the Health Office by the school nurse with written parental consent for mild to moderate pain. It may also be administered for fever greater than 100.4 while awaiting parent pick up. Doses of acetaminophen and ibuprofen will be calculated based on your child's weight. The nurse can administer up to one dose per school day (not to exceed 2 doses per week).

I consent for my child, _____ ,
to receive acetaminophen / ibuprofen.

Parent Signature _____ Date _____

If you anticipate that your child may require a different dose to achieve pain relief or may need either medication more than twice per week, please have your pediatrician complete the [Request for Medication form](#).

Student Weight (student may also be weighed by school nurse) _____

Allergy to acetaminophen ☐ Yes or ☐ No

Allergy to ibuprofen ☐ Yes or ☐ No

Does your child take any prescription or over the counter medication on a regular basis? ☐ Yes or ☐ No

If yes, please list: _____

Dosing Chart

Child Weight	Acetaminophen Dose	Ibuprofen Dose
18-23 lbs	3.75ml of 160mg/5ml liquid	4ml of 100mg/5ml liquid
24-35 lbs	160mg (liquid or chewable)	100mg (liquid or chewable)
36-47 lbs	240mg (liquid or chewable)	150mg (liquid or chewable)
48-59 lbs	320mg (liquid or chewable)	200mg
60-71 lbs	325mg tab or 400mg (chewable/liquid)	250mg (liquid or chewable) or 200mg tab
72-95 lbs	500mg or 480mg (chewable/liquid)	300mg (liquid or chewable) or 200mg (1.5 tabs)
Over 95 lbs	500mg or 650mg	400mg