



EAST LYME PUBLIC SCHOOLS

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PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER ACETAMINOPHEN AND IBUPROFEN FOR 2026-2027 SCHOOL YEAR FOR USE IN MIDDLE AND HIGH SCHOOLS ONLY

Connecticut state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give acetaminophen and ibuprofen to students. In such cases, the order of a licensed physician is not required. **School RN must keep record of assessment and administration.**

INFORMATION PROVIDED BY PARENT/GUARDIAN:

Name of Student: _____ Date of Request: _____

Address: _____ Date of Birth: _____

Telephone: _____

Reason medication may be given: simple headache, menstrual discomfort, dental/orthodontic pain, or minor joint/muscle pain ****STUDENTS WITH FEVER WILL BE EXCLUDED****

DOSAGE AND FREQUENCY OF ADMINISTRATION:

Ibuprofen 200 mg, one to two tablets by mouth if needed, not to exceed three doses within 30 days. (1 tab if 50 to 64 lbs; 1½ tabs if 65 to 89 lbs; 2 tabs if 90 > lbs.)

OR

Acetaminophen 325 mg, one or two tablets by mouth if needed, not to exceed three doses within 30 days. (1 tab if 50 to 74 lbs; 1 ½ tabs if 75 to 89 lbs; 2 tabs if 90 > lbs.)

Acetaminophen 160mg, two or three chewable tablets by mouth if needed, not to exceed three doses within 30 days. (1 tab if 48-72lbs; three tabs if >72lbs.)

I hereby request that the medications listed above be administered to my child by school registered nurse and in accordance with state regulations. I have instructed my child to report to school personnel and myself if the medication does not appear to be effective.

Parent/Guardian Name _____

Relation to Child _____

Signature _____ Date _____


Vijay K. Sikand, MD Medical Advisor

July 1, 2026

Date

East Lyme Public Schools will inspire, engage and educate each student to become a contributing citizen and a responsible, independent, and critical thinker.