Bishop Eustace Preparatory School

Acetaminophen- Ibuprofen- Cough Drop Authorization

School Year: _____ Grade: _____

Name of Student:_____ Date of Birth: _____

New Jersey state law allows for the administration of Acetaminophen and/or Ibuprofen at school. The medication dosage will be based on the student's weight and will be administered by the school nurse. In order for the student to receive these medications at school this form must be completed and signed/dated by both parent/guardian AND physician. **This form expires at the end of the listed school year**. NO VERBAL PERMISSION will be accepted. Only ONE dose may be administered per school day and will not exceed two doses per week.

If you anticipate that your student may require a different dose to achieve analgestic relief or may require Acetaminophen or Ibuprofen more than twice per week, your physician must complete a "Medication Authorization" form.

I give permission for my child _____ to receive:

_____ Acetaminophen _____ Motrin _____ Cough Drop/ Lozenge*

*Cough Drop/Lozenge will be dispensed at no more than 2 per school day.

_____ I **DO NOT** give permission for my child to receive Acetaminophen, Ibuprofen, or Cough drop/Lozenge while in school.

I understand that a generic equivalent may be used. I understand that the dosage administered will be a weight-based dose. I understand that a maximum of ONE dose can be given per school day and will not exceed TWO dosages per week. I release the school personnel from all liability.

Student weight: _____ pounds.

Student Weight	**Acetaminophen Dose**	**Ibuprofen Dose**
Less than 95 pounds	500 mg	200 mg
95 pounds and over	650 mg	400 mg

Medication History:

Is your student allergic to any medications? YES NO

If "yes," please list medication(s) and type of reaction:

_____

Does your student take any prescription or over the counter medications daily? YES NO

If "yes," please list: _____

Parent Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

Physician Stamp