

**REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:
ACETAMINOPHEN AND IBUPROFEN**
Health Services Department
Lincoln Public Schools

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required before your child may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have reviewed the information and agree that your child may safely take the medications *according to the recommended dose by weight*.
- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.
- A licensed prescriber's authorization will be required if:
 - ▲ Your child requires more than 5 doses of acetaminophen and/or ibuprofen in a 30 day period;
 - ▲ Your child requires more than 5 consecutive doses of acetaminophen and/or ibuprofen
 - ▲ In the judgement of the school nurse, your child is ill and not improving.
- Your child's medication may be provided by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Nebraska law.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for _____
Child's name

To receive the following medication:

Acetaminophen (Tylenol) _____ *Ibuprofen (Advil)* _____

Reason(s): Headache _____ Menstrual Cramps _____

Dental Pain _____ Muscle or Joint Pain _____

General Discomfort _____ Other _____

Please List

My child has taken *acetaminophen* before: Yes No without a problem: Yes No

My child has taken *ibuprofen* before: Yes No without a problem: Yes No

Please notify me **before** my child takes medications: Yes No

Please notify me the day my child takes medication: Yes No

Contact Name and Phone # _____

My child is taking other medication at this time: Yes No

Please list medications: _____

My child is under the care of a physician for the following: _____

Special instruction concerning my child: _____

Signature of Parent/Guardian

Date