



EAST HAMPTON CENTER SCHOOL COMMITTED TO EXCELLENCE

7 Summit Street, East Hampton, CT 06424 • Phone (860) 365-4050 Fax (860) 365-4054

Christopher M. Sullivan
Principal

PARENT/GUARDIAN REQUEST FOR ACETAMINOPHEN/ IBUPROFEN ADMINISTRATION DURING SCHOOL HOURS

Dear Parent or Guardian:

The Connecticut state law requires a physician's or dentist's written order and parental or guardian's authorization for a nurse to administer medication to students. Our school medical advisor has approved the administration of Acetaminophen and Ibuprofen for minor problems to students, grades K-5 who have parental written permission. This authorization must be renewed each year.

Please complete:

Student Name: _____ Grade: _____

STANDING ORDERS FOR PAIN AND FEVER MEDICATION

_____ **Acetaminophen** (160mg/5cc or 160mg tablet) will be administered by the school nurse according to the following dosage as needed for fever greater than 100.4 or pain:

Weight 24-35 pounds-160mg by mouth, every 4 hours, PRN

Weight 36-47 pounds-240mg by mouth, every 4 hours, PRN

Weight 48-59 pounds-320mg by mouth, every 4 hours, PRN

Weight 60-71 pounds-400mg by mouth, every 4 hours, PRN

Weight 72-95 pounds-480mg by mouth, every 4 hours, PRN

Weight 95 pounds and over-500mg tablet, every 4 hours, PRN

_____ **Ibuprofen** (100mg/5cc or 100mg tablet) will be administered by the school nurse according to the following dosage as needed for fever greater than 100.4 or pain:

Weight 23-35 pounds-100mg by mouth, every 4 hours, PRN

Weight 36-47 pounds-150mg by mouth, every 4 hours, PRN

Weight 48-59 pounds-200mg by mouth, every 4 hours, PRN

Weight 60-71 pounds-250mg by mouth, every 4 hours, PRN

Weight 72-95 pounds-300mg by mouth, every 4 hours, PRN

Weight 95 pounds and over-400mg tablet, every 4 hours, PRN

Parent Name (Please Print) _____ Phone Number _____

Parent Signature _____ Date _____