

OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS

HEALTH SERVICES

2023-2024 School Year

CONSENT FORM TO ADMINISTER Ibuprofen in Schools

Student's Name: _____

Grade/Block/Teacher _____

Dosage (please specify): 200 mg _____ 400mg _____ other _____

(Middle or High Schools=1 or 2 tablets, maximum dose 400 mg)

(Elementary Schools=dosage according to student's weight)

The school nurse has my permission to administer Ibuprofen to my child during this school year ONLY for the following reasons:

Please indicate the reason(s) Ibuprofen can be given:

HEADACHE _____

ORTHODONTIC DISCOMFORT _____

DYSMENORRHEA (painful period) _____

I understand, with my written permission on this form, that my child may be given Ibuprofen once a day at school ONLY for the above reason(s). If my child presents with other symptoms during that day (i.e. sore throat, stomachache) and above symptoms checked are included, no medication can be given.

I further understand that if my child has a headache due to an injury to his/her head, then Ibuprofen **cannot be given.**

Ibuprofen will **not** be given for a temperature of 100 degrees or above, **the first or last hour of a school day.**

I understand that if Ibuprofen is requested more than twice in a month my child would be required to have a note from their own physician for subsequent doses that month.



School Physician

Parent/Guardian's Signature

08/10/2023
Date signed

Date signed