Acetaminophen, Ibuprofen, and TUMS Authorization Form

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 dosages listed below.
- 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 child’s physician.
- TUMS is only available to grades 6-12, but if your child needs more than 4 doses a month, a medication authorization form completed and signed by child’s physician is mandatory.
- Children grades 3-5 who need more than 2 doses of each medication monthly or children grades 6-12 who need more than 4 doses of each medication monthly will need a medication authorization form filled out and signed by their physician.
- The school will be providing acetaminophen, ibuprofen, and TUMS for the doses mentioned above, anything beyond that must be provided by the parent/guardian in a new unopened bottle.
- If your child needs the above mentioned meds in liquid form, the parent must provide as the nurses offices will only be providing tablet form.

This form automatically expires in June due to state law requirements that medication orders be renewed each school year. Please contact your school nurse if you have any questions.

I give (Student’s Name-Please Print) ____________________________ permission to receive:

1. Acetaminophen (Tylenol) 325mg-650mg orally every 4-6hrs as needed   Yes____ No____

2. Ibuprofen (Motrin, Advil) 200mg-400mg orally every 6hrs as needed   Yes____ No____

3. TUMS (calcium carbonate) 2 tablets orally every 4hrs as needed   Yes____ No____

Parent/Guardian Signature ____________________________  Date ____________________________

PLEASE BRING TO NURSES OFFICE