

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS: ACETAMINOPHEN AND IBUPROFEN

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

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.
- These medications are provided for use during school hours and will be limited to one dose per day. Purpose of medication is to benefit learning and attendance. **These medications will not be administered the last hour of school day except at the discretion of school nurse.**

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for: _____
Student Name

To receive the following medication: **Acetaminophen (Tylenol)** Yes No | **Ibuprofen (Advil)** Yes No

Has your child experienced negative side effects from acetaminophen: Yes No

If yes, explain: _____

Has your child experienced negative side effects from ibuprofen: Yes No

If yes, explain: _____

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

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

Contact Name: _____ 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: _____