



Township of Ocean School District
James Stefankiewicz
Superintendent of Schools



Consent Form to Administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) in School

Students Name: _____ Grade: _____

Dosage will be administered according to the student's weight per school physician's standing orders. Student weight _____ (Student to be weighed by School Nurse.)

The school nurse has my permission to administer Acetaminophen (Tylenol) or Ibuprofen (Advil/Motrin) to my child during the school year **ONLY** for the following reasons:

- MINOR PAIN _____
- HEADACHES _____
- MENSTRUAL CRAMPS _____

I understand, with my written permission on this form, that my child may be given Acetaminophen/Ibuprofen once a day at school **ONLY** for the above reason/s. If my child presents with other symptoms during the day (i.e. sore throat, stomach ache) 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 Acetaminophen/Ibuprofen **cannot** be given. Acetaminophen/Ibuprofen **will not** be given for a temperature of 100 degrees or above. Acetaminophen/Ibuprofen can only be given by the school nurse **five times in a month**. If your child is going to require Acetaminophen/Ibuprofen on a regular basis a medical note from your physician is required.



Physician's Signature

Parent/Guardian's Signature

Date Signed

Date Signed

6/19/19

AGREE WITH FORM