

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:

ACETAMINOPHEN AND IBUPROFEN AS NEEDED

Southwest High School Grades 6-12; Bartley, NE

IMPORTANT INFORMATION FOR PARENT/GUARDIANS:

Your written consent is required before your child may receive these medications at schools. 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 age.
- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with a special health care needs or frequent use, the school nurse may request authorization from your physician.
- A licensed prescriber's authorization will be required if:
 - Your child required more than 3 doses of acetaminophen and/or ibuprofen in a 30-day period
 - We are asked to give it more than once a day
 - In the judgement of the school nurse, your child is ill and not improving and/or requiring daily doses
- Your child's medication may be provided by a nurse, or other authorized 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 full dose per day. We will start at the lowest recommended dose, and work to the highest dose if student continues to not find relief. Purpose of medication is to benefit learning and attendance.
- You will indemnify and hold harmless the school and its employees and agents from any claim related to the administration of Acetaminophen and/or Ibuprofen to your child.
- The school can provide stock Acetaminophen/Ibuprofen, or guardian may bring in original bottle for your child's use only.
- If you check yes to being notified prior to administration, your child *will not* receive Acetaminophen or Ibuprofen until the *contact* is reached at the number provided *on this sheet*.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN

I give permission for: _____

To receive the following medications: 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 of Acetaminophen or Ibuprofen: YES NO

Person to be notified _____

Phone Number can be reached at _____

Parent Signature _____ Date _____