REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:

ACETAMINOPHEN AND IBUPROFEN

If Completing for more than one student – please write name of student next to the dosage student may have.

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Sargent Public School will stock Acetaminophen (Tylenol) 325 mg tablets, Acetaminophen (Tylenol) Liquid and Ibuprofen (Advil) 200 mg tablets in the Main Office. The following consent form will allow your child to be allowed to receive these medications during school hours**. We are required to attempt to notify you by text or phone of your child's request prior to administering the medication.**

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.

The school nurse or designee has the responsibility of approving your child's use of these medications. Your child's medication may be administered by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Nebraska law.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for_____

To receive the following medication **in tablet form**:

Acetaminophen (Tylenol) _____yes _____no _____1 (325 mg tablet) every 4 hours

_____or 2 (325 mg tablet) every 4 hours

Ibuprofen (Advil)_____yes _____no _____1 (200 mg tablet) every 6 hours

_____2 (200 mg tablets) every 6 hours

We will stock Acetaminophen (Tylenol**) liquid (160 mg per 5 ml)** for those who cannot swallow pills. However, we need your child's approximate weight and the dose to be administered

Child's Approximate Weight:

24-35 pounds – 5 ml (1 tsp) or 160 mg _____

36-47 pounds – 7.5 ml (1 ½ tsp) or 240 mg _____

48-59 pounds – 10 ml (2 tsp) or 320 mg_____

60 – 71 pounds – 12.5 ml (2 ½ tsp) or 400 mg _____

72-95 pounds - 15 ml (3 tsp) or 480 mg_____

Signature of Parent/Guardian Date_____

If you prefer a text, Phone number to Text _____

Or If you prefer a call, phone number to call_____