

Pitman School System

- ☐ 6th grade
☐ 7th and 8th grade
☐ 9-12th grades

Gregory Herman, MD
School Physician

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

Student Name: _____ (For students attending grades 6-12 ONLY)

Dosage will be administered according to physician's standing orders.

Tylenol 325mg, 2 tabs, every 4-6 hours by mouth as needed

OR

Ibuprofen 200mg, 2 tabs, every 4-6 hours by mouth as needed

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

- ☐ **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 are included, no medication can be given (as it may mask a developing illness).

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.

Gregory Herman, MD.

9/11/2021

Physician's Signature

Date

Parent/Guardian's Signature

Date