LYME-OLD LYME PUBLIC SCHOOLS

Regional School District #18

A Private School Experience ***in a Public School Setting***

2026-2027 MIDDLE AND HIGH SCHOOL

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF

ACETAMINOPHEN, IBUPROFEN, and TOPICAL PREPARATIONS

****For Middle and High School Students Only****

Connecticut state laws and regulations permit Boards of Education and schools to accept requests from parents/guardians to give acetaminophen, ibuprofen, and topical preparations to students. In such cases, a standing order from a licensed physician acting as a school medical advisor is acceptable within the guidelines as specified. School nurses must keep a record of assessment and administration.

STUDENT INFORMATION:

Student Name: _____ Student DOB: _____

PARENT/GUARDIAN AUTHORIZATION: I hereby request that the medications listed below be administered to my child by the school registered nurse (or authorized designee), as needed, in accordance with state regulations. I have instructed my child to report to school personnel and myself if the medication does not appear to be effective.

- **Ibuprofen 200 mg (1 tab) for 50-71 lbs; 300mg (1.5 tabs) for 72-95 lbs; 400 mg (2 tabs) for 96 lbs and above**. *Medication may be given for simple headache, menstrual discomfort, dental/orthodontic discomfort, or mild to moderate joint/muscle pain. Students with fever will be excluded. Not to exceed 3 doses in 30 days.*

- **Acetaminophen 325 mg (1 tab) for 50-74 lbs; 488 mg (1.5 tabs) for 75-89 lbs; 650 mg (2 tabs) for 90 lbs and above.** *Medication may be given for simple headache, menstrual discomfort, dental/orthodontic discomfort, or mild to moderate joint/muscle pain. Students with fever will be excluded. Not to exceed 3 doses in 30 days.*

- **Bacitracin Cream and Ointment** to minor cuts and abrasions after appropriate cleaning and assessment of the affected skin.

- **1% Hydrocortisone Cream and Ointment or Benadryl Anti-Itch Gel** to minor rashes, insect bites, and/or itchy skin after appropriate cleaning and assessment of the affected skin.

Parent/Guardian Name: _____Relationship to Student:_____

Parent/Guardian Phone:_____ Parent/Guardian Email: _____

Signature: _____ Date: _____

49 Lyme Street, Old Lyme, Connecticut 06371

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