

Permission Form – Tylenol/Ibuprofen/Cough Drops

Health services are provided to all students in the Clay Central/Everly School District by school nurses and other authorized personnel. These services are provided to ensure your child's safety and well being during the school day. Authorized personnel are able to dispense acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin IB®) to students with headaches, other discomforts or menstrual cramps. Authorized personnel may also give out cough drops for sore throat/cough.

Your child will only be able to receive these medications with your **written** permission and subject to the availability of authorized personnel.

1. Acetaminophen (Tylenol®) is based on weight guideline of approximately 15 mg/kg/dose (1 kg = 2.2 pounds) every 4-6 hours as needed with maximum single dose of 1000 mg. No more than 4000 mg of acetaminophen is to be given in any 24 hour period.
2. Ibuprofen (Advil® or Motrin IB®) is based on weight guideline of 5-10 mg/kg/dose every 6 hours as needed with maximum single dose of 800 mg. No more than 40 mg/kg of ibuprofen should be given in any 24 hour period.
3. Cough Drops will be given out at a rate no more than 1 drop every 2 hours (or according to packaging directions).

If you would like your child to use this service, please complete the bottom of this form and return it to the office at your child's school. **A new permission form is required each school year.**

Please note: you **do not** need to send these medications/drops to school unless asked to by the school nurse or administration. Please continue to follow the other prescription/over the counter medication guidelines.

Student's Name: _____ Grade: _____

We can only treat your child with your written permission.

We must know if your child has any drug allergies or history of any drug reactions and current medication therapy (please also include medications your child uses on an as-needed basis). _____

I give permission for the school nurse or other authorized personnel to administer acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin IB®) to my child for headache, discomfort or menstrual cramps.

I give permission for the school nurse or other authorized personnel to administer cough drops to my child for sore throat/cough.

Signature of Parent/Legal Guardian

Date