

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS

Milford Public Schools

Acetaminophen and Ibuprofen

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS: 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 medication(s) in the manufacturer recommended dose. Any dose different than the recommended dose will need a physician's (or other licensed prescriber's) authorization.
- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.
- If the child has a fever of 100 degrees Fahrenheit or greater, or if the child is suspected of being ill, the parent will be notified and the child will be sent home.
- Your child's medication may be administered by a nurse or by other school personnel determined competent to provide medication as required by Nebraska law.
- This service is intended to help your child's performance during the instructional period.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give my permission to Milford Public Schools to administer the following medications to

_____ DOB _____ for
Child's Name (please print)

mild headache or mild discomfort according to approved guidelines.

Please check if approved:

Acetaminophen (generic Tylenol) _____ **Ibuprofen** (generic Advil/Motrin) _____

Reason for medication:

Please complete the following:

My child has taken acetaminophen before without a problem. Yes _____ No _____

My child has taken ibuprofen before without a problem. Yes _____ No _____

Please notify me **BEFORE** my child takes medication. Yes _____ No _____

Contact Name and Phone # _____

My child is taking other medications at this time. Yes _____ No _____ (If Yes, please list below)

Medication(s) currently taking and reason for the medication:

Special instructions concerning my child: _____

Signature of Parent/Guardian

Date