

Raymond Central Public Schools
Consent to Administer Acetaminophen and Ibuprofen

Parents and Guardians: Your written consent is required prior to your child receiving school provided Acetaminophen and Ibuprofen. Please complete this form and by signing that you are acknowledging the following conditions:

- You agree that your child may safely take Acetaminophen and Ibuprofen based on manufacturer guidelines and weight-based dosing.
- The medication(s) may be administered by the School Nurse or by other trained personnel per Nebraska State Law.
- If your child has a fever of 100 degrees or higher and is suspected to be ill, before administering a parent will be notified and the child will be sent home.
- This service is intended to help your child during the instructional period.
- The medication is to be administered for discomforts and headache.

(Student's first and last name)

(Date of birth)

Please check to approve: Acetaminophen (Tylenol) _____

Ibuprofen (Advil/Motrin) _____

Please answer the following questions about the medications:

My child has taken Acetaminophen and Ibuprofen before:	Yes	No
My child has NEVER had an adverse reaction to the above medications:	Yes	No
My child HAS had a reaction to the above medications: if yes explain:	Yes	No

Please notify parent/guardian BEFORE giving medication:	Yes	No
Please notify parent/guardian WHEN child has had a dose of Medication:	Yes	No
My child is taking other medications at this time: if yes list below:	Yes	No

(Parent/Guardian Signature)

(Date)