

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**ACETAMINOPHEN OR IBUPROFEN PERMISSION FORM**  
**20\_\_ - 20\_\_ School Year**

The Berlin Board of Education Policy allows school nurses to dispense acetaminophen or ibuprofen to children **age 12 and older** under “Standing Orders” written by our Medical Advisor and with the written permission of the parent or guardian. These “Standing Orders” allow acetaminophen or ibuprofen to be given only for the three following reasons:

1. Headache, without injury or fever
2. Menstrual cramps
3. Recent dental work

Please note:

- Acetaminophen or ibuprofen cannot be given for any other reason, or dose, unless it is requested in writing by your physician.
- Only one dose will be given during a school day. If the student continues to have a problem, the parent will be notified that a medical evaluation is needed.
- If you wish your child to be given medication as indicated in the “Standing Orders”, please complete and sign the below information.

Preferred medication - **check one** (If a selection is not made, we will use our discretion as needed.)

- ☐ **Acetaminophen (Tylenol) 650 mg, orally**
- ☐ **Ibuprofen (Advil, Motrin) 400mg, orally**

Other medications student is taking \_\_\_\_\_

Allergies \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ (*Must be 12 or older to receive these medications under this policy*)

To my knowledge, my child is not allergic to acetaminophen or ibuprofen and has no medical condition for which the selected medication would be contraindicated.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

Student Name\_\_\_\_\_

[illegible]

School\_\_\_\_\_

20\_\_ - 20\_\_ School Year

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