REGIONAL SCHOOL DISTRICT #19
EDWIN O. SMITH HIGH SCHOOL

ACETAMINOPHEN/IBUPROFEN MEDICATION RECORD

Student's Name_____ **Grade**_____

Allergies to Medications_____

Under the standing orders of the medical advisor, acetaminophen (Tylenol) or ibuprofen (Advil) may be given to students with parent's authorization. Acetaminophen or ibuprofen may be administered by mouth every four to six hours for symptoms of common cold, toothache, dental brace discomfort, menstrual cramps, earache, fever, simple headache, and major and minor joint and muscle pain.

☐ **ACETAMINOPHEN**

I give Edwin O. Smith High School permission to administer **(CHECK ONE/BOTH)** ☐ **IBUPROPHEN**
to my above named child as needed. No allergy to this medication is presently known. I will notify the school nurse if at any time in the future my child should not receive this medication. This permission will be in effect until the end of the school year.

Can the student self-administer during field trips? ☐ **YES** ☐ **NO**

I understand for any potentially serious illness, or accident, or for re-occurring problems, I will be contacted.
Date_____ Parent/Guardian/Student Over 18_____

A notification will be sent home with your child when the medication is administered.

Date	Time Given		Medication Type		Dose Given	Legal Signature of Nurse/ Principal /Teacher Administering	Comments (optional)
	AM	PM	Aceta.	Ibupro.			

File in Student's Cumulative Health Record when medication has been completed or discontinued.

Date	Time Given		Medication Type		Dose Given	Legal Signature of Nurse/ Principal /Teacher Administering	Comments (optional)
	AM	PM	Aceta.	Ibupro.			