

Cherry Hill Public Schools

ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year: _____

New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child's weight and be administered by the School Nurse in accordance with the established protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. ***NO VERBAL PERMISSION WILL BE ACCEPTED.***

Please note: Only one dose will be given per school day and will not exceed two doses per week.

If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more than twice per week, then you must obtain an order from your child's physician (see Consent for Prescribed Medication).

Name of Student: _____ Date of Birth: _____

Grade/Team/Graduation Year: _____

School: _____ Teacher: _____

I give permission for my child _____ to receive (**CHOOSE ONE**)

Acetaminophen

Ibuprofen

I do **NOT** give permission for my child to receive Acetaminophen or Ibuprofen at school.

I understand that a generic equivalent may be used. I understand that the dosage administered will be a **weight-based dose** in accordance with the established protocols developed by the school physician and in accordance with the Cherry Hill Public School medication policy. I understand that a maximum of one dose can be given per school day and will not exceed two doses per week.

MEDICATION HISTORY:

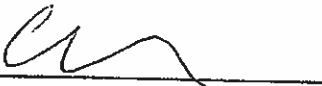
Is your child allergic to any medication? Yes No

If yes, please list the medication (s) and type of reaction: _____

Does your child take any prescription or over the counter medication on a regular basis? Yes No

If yes, please list: _____

PARENT SIGNATURE: _____ Date: _____



Dr. Eric Requa, School Medical Director, Cherry Hill Public Schools

Date: 5/1/18

* SAMPLE *

NAME OF STUDENT: John Smith LC 1

MEDICATION POLICY FOR THE CHERRY HILL ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM

- All medications including over the counter medications require a doctor's written order.
- The only exception is Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) which can be given with the permission of a parent/guardian.
- All medication must be labeled clearly and given to the school nurse one week BEFORE the day of departure.
- Medications MUST be in the original pharmacy bottle with the label intact. Do not include extra doses. It must be in a large ziplock bag with the student's name, LC and date of trip.
- ONE MEDICATION FORM SHOULD BE USED FOR EACH MEDICATION. Additional sheets can be obtained from the nurse's office or downloaded off the nurse eboard.

1. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE Carol Smith

PHYSICIAN'S ORDERS (please print)

Name of Student: John Smith

Diagnosis: allergies

Medication: Xyzal

Dosage and Time: 5mg at bedtime

Comments: _____

PHYSICIAN'S SIGNATURE: Dr. Jones MD

2. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE Carol Smith

PHYSICIAN'S ORDERS (please print)

Name of Student: John Smith

Diagnosis: hives

Medication: Benadryl

Dosage and Time: 25mg every 6 hrs. as needed

Comments: _____

PHYSICIAN'S SIGNATURE: Dr. Jones. MD

NAME OF STUDENT: _____ LC _____

MEDICATION POLICY FOR THE CHERRY HILL ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM

- All medications including over the counter medications require a doctor's written order.
- The only exception is Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) which can be given with the permission of a parent/guardian.
- All medication must be labeled clearly and be brought by a PARENT/GUARDIAN to the school nurse at least one week BEFORE the day of departure.
- Medications **MUST** be in the original pharmacy bottle with the label intact. Do not include extra doses. It must be in a large ziplock bag with the student's name, LC and date of trip.
- **ONLY ONE MEDICATION SHOULD BE LISTED IN EACH PHYSICIAN ORDER AREA.** See sample in packet. Additional sheets can be obtained from the nurse's office or downloaded off the nurse eboard.

1. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN'S ORDERS (please print)

Name of Student: _____

Diagnosis: _____

Medication: _____

Dosage and Time: _____

Comments: _____

PHYSICIAN'S SIGNATURE: _____

2. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN'S ORDERS (please print)

Name of Student: _____

Diagnosis: _____

Medication: _____

Dosage and Time: _____

Comments: _____

PHYSICIAN'S SIGNATURE: _____