



LYME-OLD LYME PUBLIC SCHOOLS

Impassioned with Pride and Purpose

REGIONAL DISTRICT #18 HEALTH PROGRAM

AUTHORIZATION FOR THE ADMINISTRATION OF ACETAMINOPHEN/IBUPROFEN IN THE MIDDLE AND SENIOR HIGH SCHOOLS

TO BE USED ONLY FOR PARENT/GUARDIAN REQUEST FOR
ACETAMINOPHEN/IBUPROFEN WITHOUT A PHYSICIAN/DENTIST ORDER

State laws and regulations permit boards of education and schools to accept requests from parents/guardians to give acetaminophen/ibuprofen to a student. In such cases, the order of a licensed physician or dentist is not required.

INFORMATION PROVIDED BY PARENT/GUARDIAN:

Name of student: _____ Date of request: _____

Address: _____ Date of birth: _____

Town: _____

Reason medication is to be given: _____ Headache _____ Menstrual cramps

** Students with a fever will be excluded.

** Acetaminophen/ibuprofen will not be administered after an injury so full extent of injury will not be masked by acetaminophen/ibuprofen.

** Liquid or solid form of medication is acceptable.

Specific amount of acetaminophen (not to exceed 650 mg/dose) _____

Specific amount of ibuprofen (not to exceed 400 mg/dose) _____

Frequency of administration: 1 dose per school day as needed.

Medication to be administered from: (date) _____ to: (date) _____

I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with state regulations. I have instructed my child to report to school personnel or myself if medication does not appear to be effective.

Name: _____ Relation to child: _____

Signature: _____ Date: _____

Address: _____ Telephone: _____

Approved by
School Medical Advisor: Vijay K. Sikand, M.D. Date: 7/1/2018
Vijay K. Sikand, M.D.