Flagstaff Unified School District #1

Health Services

Consent for Administration of Ibuprofen (Motrin)

This form must be on file in the Health Office if you want your child medicated during the school day.

Dear Parent/Guardian:

Occasionally, your child may benefit from an oral dose of **ibuprofen** during the school day for the relief of menstrual cramps, dental/braces, or muscle/joint pain. The school nurse maintains a limited supply of this medication. If your child needs this medication for an extended period of time, please bring a supply to the health office in the original container. Please sign the consent which will allow administration of **ibuprofen** after an assessment of the health problem.

Student Name: _____ DOB: _____ Allergy: _____

School: _____ Grade: _____ Teacher: _____

I authorize the school nurse or designated staff to be my agent and administer to my child:

Ibuprofen (check the dosage desired) ☐ 1 tablet ☐ 2 tablets (each tablet = 200 mg)

_____ _____

Signature of Parent/Guardian Date

Home Phone: _____ Cell Phone: _____

This consent is good for one year from the date of signature.

Consent for Administration of Acetaminophen (non-aspirin Tylenol)

This form must be on file in the Health Office if you want your child medicated during the school day.

Dear Parent/Guardian:

Occasionally, your child may benefit from an oral dose of **acetaminophen (non-aspirin)** during the school day for the relief fever or pain. The school nurse maintains a limited supply of this medication. If your child needs this medication for an extended period of time, please bring a supply to the health office in the original container. Please sign the consent which will allow administration of **acetaminophen** after an assessment of the health problem.

Student Name: _____ DOB: _____ Allergy: _____

School: _____ Grade: _____ Teacher: _____

I authorize the school nurse or designated staff to be my agent and administer to my child:

Acetaminophen (check the dosage desired) ☐ dose appropriate for weight (according to package directions) ☐ 1 tablet ☐ 2 tablets (tablet = 325 mg)

_____ _____

Signature of Parent/Guardian Date

Home Phone: _____ Cell Phone: _____

This consent is good for one year from the date of signature.