PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

Nurse’s Phone: 781-388-0222. Ext: Kindergarten: x 2009, Annex Nurse: Grades 1, 2, 3 and 8: x 3118, Main Nurse: Grades 4-6 x 7010 and HS Nurse x 4108. Fax Number for all nurses: 781-338-2122

Student Name: ___________________________________________ HR Teacher: ___________________________ Grade: ____

Allergies: __________________________________________________________

Current Medications: __________________________________________________________

I give permission for the school nurse or school personnel (designated by the school nurse) to give the following medications from _______________ (start date) to the end of the school year (place check marks on lines next to weight appropriate dosages):

Children’s Ibuprofen/Motrin (100mg per 5ml) Every 6-8 Hours: Weight: __________ lbs
- 24-35lbs: 5ml or 1tsp ____
- 36-47lbs: 7.5ml or 1.5tsp ____
- 48-59lbs: 10ml or 2tsp ____
- 60-71lbs: 12.5ml or 2.5tsp ____
- 72-95lbs: 15ml or 3tsp ____
- 96lbs and over: 20ml or 4tsp ____ (only if student cannot yet swallow pills)

Children’s Acetaminophen/Tylenol (160mg per 5ml) Every 4-6 Hours:
- 24-35lbs: 5ml or 1tsp ____
- 36-47lbs: 7.5ml or 1.5tsp ____
- 48-59lbs: 10ml or 2tsp ____
- 60-71lbs: 12.5ml or 2.5tsp ____
- 72-95lbs: 15ml or 3tsp ____
- 96lbs and over: 20ml or 4tsp ____ (only if student cannot yet swallow pills)

Adult Motrin/Ibuprofen (200mg per tablet) Every 6-8 Hours: 2 tablets (96lbs and over) ____

Adult Acetaminophen/Tylenol (325mg per tablet) Every 4-6 Hours: 2 tablets (96lbs and over) ____

Calcium Carbonate/Tums (500mg per tablet) As Needed: 1 tablet (95lbs and under) ____ 2 tablets (96lbs and over) ____

Children’s Diphenhydramine/Benadryl (12.5mg per 5ml) Every 4-6 Hours:
- 24-53lbs: 5ml or 1tsp ____
- 54-95lbs: 10ml or 2tsp ____
- 96lbs and over: 15ml or 3tsp ____

Any medication not listed (or non-generic versions of those listed) will need to be provided. Please contact the nurse directly if you have any other medications that need to be administered at school (e.g. prescriptions, topical creams, cold medicine, antibiotics, etc.).

I give permission for the school nurse to share (with appropriate school personnel) information relative to medication administration, as he/she finds necessary for my child’s safety. Yes __________ No __________

I give permission for the school nurse (designated by the school nurse) to give the above selected medications to my child during field trips. Yes __________ No __________

When my child receives medication, I prefer to be notified by (circle one and provide accompanying information):
Home Phone / Cell Phone / Email / Send Note Home

Parent/Guardian Signature: ___________________________________________ Relationship: ___________________________