



**AUTHORIZATION FOR SCHOOL REGISTERED
NURSE TO ADMINISTER ACETAMINOPHEN AND IBUPROFEN
AT MARINE SCIENCE MAGNET HIGH SCHOOL AND DUAL
LANGUAGE & ARTS ACADEMY FOR 2020-2021 SCHOOL YEAR**

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

INFORMATION PROVIDED BY PARENT/GUARDIAN:

Name of Student: _____ Date of Request: _____

Address: _____ Date of Birth: _____

Reason medication may be given: _____ Simple Headache _____ Menstrual discomfort
_____ Dental Pain _____ Minor joint/muscle pain

DOSAGE AND FREQUENCY OF ADMINISTRATION:

Ibuprofen 200 mg, one or two tablets by mouth every six hours if needed, not to exceed three doses within 30 days.

OR

Acetaminophen 325 mg, one or two tablets by mouth every six hours if needed, not to exceed three doses within 30 days.

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

Parent/Guardian Name _____ Relation to Child _____

Signature _____ Date _____

Address _____ Telephone _____

Approved by School Medical Advisor: VIJAY K. SIKAND, M.D. 7/1/2020
Date