
Date Rec'd
For Health Office Use Only

Last Name,	First Name
DOB	Grade

**Ridgefield Public School
Health Services**

Dear Parents,

In an effort to better serve the health needs of your child, we have developed a policy which allows us to administer acetaminophen and/or ibuprofen to your child if necessary during the course of the school day. In accordance with our medication policy, we are sending you this letter to allow you to give authorization for the School Nurse to administer the medications noted below to your child if necessary for your child's comfort and safety during the school day.

Please indicate below if you **do** or **do not** wish to give the school nurse permission to administer acetaminophen tablet(s) or elixir (generic Tylenol) and/or ibuprofen tablet(s) or elixir (generic Motrin, Advil) to your child for headache, menstrual cramps, orthodontia pain, fever \geq 101 F. or other pain according to the Standing Orders of the school medical advisor and professional judgment of the school nurse. The Standing Orders allow up to two (2) doses/month of medication for students Pre-Kindergarten through grade 8 and up to four (4) doses/month of medication for students in the high school. **However, for dosing beyond the Standing Order limit and for all field trips**, administration of these medications will require the written order of an authorized prescriber (e.g. your child's pediatrician) and a parent/guardian's permission documented on the district's standard medication authorization form.

Please contact your school nurse if you have any questions.

I give _____
(Student's Name – Please Print)

permission to receive:

	Yes	No	
Acetaminophen (Tylenol)	()	()	For minor aches, headache, pain, cramps, fever \geq 101 F.
Ibuprofen (Motrin, Advil)	()	()	For muscles aches, headache, pain, cramps, fever \geq 101 F.

(Parent Signature) _____
(Date)