

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:

COUGH DROPS, ANTIBIOTIC OINTMENT, ACETAMINOPHEN (Tylenol) AND IBUPROFEN

If Completing for more than one student – please write name of student next to the dosage student may have.

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Sargent Public School will stock Cough Drops, Antibiotic Ointment, Acetaminophen (Tylenol) 325 mg tablets, Acetaminophen (Tylenol) Liquid and Ibuprofen (Advil) 200 mg tablets and Ibuprofen Liquid in the Main Office. The following consent form will allow your child to be allowed to receive these medications during school hours. **We are required to attempt to notify you by text or phone of your child's request prior to administering the medication.**

Your written consent is required before your child may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following: You have reviewed the information and agree that your child may safely take the medications.

The school nurse or designee has the responsibility of approving your child's use of these medications. Your child's medication may be administered by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Nebraska law.

PARENTAL CONSENT FOR COUGH DROPS, ANTIBIOTIC OINTMENT, ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for _____

To receive the following medication:

Cough Drops: _____ yes _____ no

Antibiotic Ointment: _____ yes _____ no

Acetaminophen (Tylenol) _____ yes _____ no _____ 1 (325 mg tablet) every 4 hours
_____ or 2 (325 mg tablet) every 4 hours

Ibuprofen (Advil) _____ yes _____ no _____ 1 (200 mg tablet) every 6 hours
_____ 2 (200 mg tablets) every 6 hours

We will stock Acetaminophen (Tylenol) **liquid (160 mg per 5 ml)** for those who cannot swallow pills. However, we need your child's approximate weight and the dose to be administered

Child's Approximate Weight Only **needed if taking LIQUID Medication:**

24-35 pounds – 5 ml (1 tsp) or 160 mg _____

36-47 pounds – 7.5 ml (1 ½ tsp) or 240 mg _____

48-59 pounds – 10 ml (2 tsp) or 320 mg _____

60 – 71 pounds – 12.5 ml (2 ½ tsp) or 400 mg _____

72-95 pounds - 15 ml (3 tsp) or 480 mg _____

Signature of Guardian _____ Date _____

If you prefer a text, Phone number to Text _____

Or If you prefer a call, phone number to call _____