

LEDYARD PUBLIC SCHOOLS

AUTHORIZATION FOR THE ADMINISTRATION OF  
IBUPROFEN/ACETAMINOPHEN IN THE MIDDLE AND HIGH SCHOOLS

\*\*TO BE USED ONLY FOR PARENT/GUARDIAN REQUEST FOR IBUPROFEN/ACETAMINOPHEN WITHOUT A  
PHYSICIAN'S ORDER FOR

HEADACHE AND MENSTRUAL CRAMPS

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

INFORMATION TO BE PROVIDED BY PARENT/GUARDIAN:

Date of Request: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_ Headache \_\_\_\_\_ Menstrual cramps

\*\*Students with a fever will be excluded.

\*\* Ibuprofen/acetaminophen will not be administered after an injury so full extent of injury will not be masked by ibuprofen/acetaminophen.

\*\*Liquid or solid form of medication is acceptable. Parent must provide liquid or chewable tablets.

\*\*Stock ibuprofen comes in 200 mg tablets. Stock acetaminophen comes in 325 mg tablets.

WE DO NOT CARRY 500 mg acetaminophen tablets. If your student requires that dosage, you must provide the tablets.

Specific amount of ibuprofen (not to exceed 400 mg) \_\_\_\_\_

Specific amount of acetaminophen (not to exceed 650 mg) \_\_\_\_\_

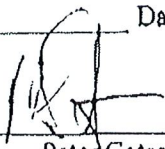
Frequency of administration: 1 dose per school day as needed.

Medication administered from: (date) \_\_\_\_\_ to (date) \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by School Medical Advisor:  \_\_\_\_\_ Date: 4/22/22

Peter Gates, MD