Cherry Hill Public Schools

ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year:			
New Jersey State law allows for the administration the medication dosage will be based on your the established protocols developed by the schild form must be completed and signed each	child's weight and be a hool physician. In orde	administered by the School Nurse in accorder for your child to receive this medication	dance with at school,
Please note: Only one dose will be given per	school day and will no	ot exceed two doses per week.	
If you anticipate that your child may require a ibuprofen more than twice per week, then you Prescribed Medication).			
Name of Student:		Date of Birth:	
Grade/Team/Graduation Year:			
School: Te			
I give permission for my child			
Acetaminophen			
Ibuprofen			
I do NOT give permission for my child t	o receive Acetamino	phen or Ibuprofen at school.	
I understand that a generic equivalent may be dose in accordance with the established proto Hill Public School medication policy. I unde exceed two doses per week.	cols developed by the	school physician and in accordance with th	ne Cherry
MEDICATION HISTORY:			
Is your child allergic to any medication? Yes	No		
If yes, please list the medication (s) and type	of reaction:		
Does your child take any prescription or over	the counter medication	a on a regular basis? Yes No	
If yes, please list:			
PARENT SIGNATURE:		Date:	
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CHERRY HILL PUBLIC SCHOOLS

PROCEDURE FOR ADMINISTRATION OF ACETAMINOPHEN AND IBUPROFEN

Acetaminophen and Ibuprofen are administered from the health office by the school nurse.

Acetaminophen and Ibuprofen dosage will be calculated based on the child's weight (chart below) and be administered in accordance with the established protocols developed by the school physician.

School nurse is permitted to administer *one dose per school day not to exceed two doses per week*.

Parent/Guardian will provide a written order from their child's health care provider should a different dose or frequency be indicated (See policy for administration of medication).

Parent/Guardian must complete the Acetaminophen/ibuprofen authorization form each school year. Incomplete forms will be returned to the parent/guardian for proper completion.

Verbal permission will not be accepted as consent for administration of acetaminophen/ibuprofen.

Dosing Chart

Child's Weight	Acetaminophen Dose	Ibuprofen Dose
18-231bs	120mg	80mg
24-351bs	160mg	100mg
36-47	240mg	150mg
48-591bs	320mg	200mg
60-711bs	325mg tablet or 400mg (chewable/liquid)	250mg
72-951bs	480mg (chewable/liquid) or 500mg tablet	300mg
Over 951bs	650mg	400mg

Resources:

https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Acetaminophen-for-Fever-and-Pain.aspx

https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Ibuprofen-for-Fever-and-Pain.aspx

Dr. Eric Requa, District Medical Inspector

Date: 5/26/20