

# Cherry Hill Public Schools

Cherry Hill, New Jersey

## 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 establish 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
18-23lbs	120mg	80mg
24-35lbs	160mg	100mg
36-47lbs	240mg	150mg
48-59lbs	320mg	200mg
60-71lbs	325mg tablet or 400mg (chewable/liquid)	250mg
72-95lbs	480mg (chewable/liquid) or 500mg tablet	300mg
Over 95lbs	650mg	400mg

### Resources:

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

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



Dr. Eric Requa Virtua Sports Medicine

Date: 5/1/18

# Cherry Hill Public Schools

## ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year: \_\_\_\_\_

New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child's weight and be administered by the School Nurse in accordance with the established protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. ***NO VERBAL PERMISSION WILL BE ACCEPTED.***

***Please note: Only one dose will be given per school day and will not exceed two doses per week.***

If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more than twice per week, then you must obtain an order from your child's physician (see Consent for Prescribed Medication).

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

Grade/Team/Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to receive (**CHOOSE ONE**)

Acetaminophen

Ibuprofen

I do **NOT** give permission for my child to receive Acetaminophen or Ibuprofen at school.

I understand that a generic equivalent may be used. I understand that the dosage administered will be a **weight-based dose** in accordance with the established protocols developed by the school physician and in accordance with the Cherry Hill Public School medication policy. I understand that a maximum of one dose can be given per school day and will not exceed two doses per week.

### **MEDICATION HISTORY:**

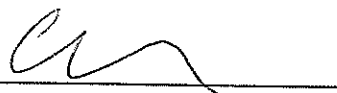
Is your child allergic to any medication?  Yes  No

If yes, please list the medication (s) and type of reaction: \_\_\_\_\_

Does your child take any prescription or over the counter medication on a regular basis?  Yes  No

If yes, please list: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



Dr. Eric Requa, School Medical Director, Cherry Hill Public Schools

Date: 5/1/18