



**GREATER PORTLAND
CHRISTIAN SCHOOL**

Authorization to Administer Acetaminophen & Ibuprofen

Grades 6 - 12 ONLY

School Year: _____

Student Name _____ Grade _____

My signature below indicates that my son or daughter (**gr. 6 - 12 only**) has my informed consent to receive no more than one dose of *Acetaminophen* or *Ibuprofen* during a school day as needed for minor discomfort. I understand that usually generic equivalents will be given. My child may receive:

Acetaminophen (Tylenol) 325 - 500mg 1 tablet 2 tablets

Ibuprofen (Advil, Motrin) 200mg 1 tablet 2 tablets

Parent/Guardian Signature _____ Date _____

Please note that students should not take any medication during the school day, other than inhalers or emergency medication such as an Epi-Pen, that is not dispensed by the office. If your student has a particular medication that he/she needs from time to time, such as an antihistamine or medicine for premenstrual issues, you may complete a separate medication authorization form and give a supply of it to the office, and your student can go to the office for the medication as needed.

All medications that are given at school are logged in Sycamore with time, date, and dosage, and a Pass-A-Note (PAN) is sent through Sycamore to the parent.