

Student's Name _____

**REQUEST TO PROVIDE MEDICATION DURING SCHOOL
HOURS:**

ACETAMINOPHEN/IBUPROFEN/TUMS

Magnolia Public School- 2023-2024

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

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:

1-You have reviewed the information and agree that your child may safely take the medications according to the recommended dose by weight.

2- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.

3- A licensed prescriber's authorization will be required if: Your child requires more than 2 doses of acetaminophen and/or ibuprofen within a week.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for to receive the following medication: *(please circle)*

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Tums

*Please notify me before my child takes medications: Yes No

Contact Name and Phone Number: _____

My child is taking other medication at this time: Yes No

Please list medications: _____

Signature of Parent/Guardian: _____

Date: _____