

MEDICATION PERMISSION FORM 2018-2019

STUDENT NAME: _____

DATE: _____

The above student may use the medication(s) initialed below, as indicated:

Acetaminophen/Tylenol

Dr.'s Initials _____

May be given for pain or fever greater than 100 degrees.

24-35 lbs. 160 mg PO every 4 hours as needed
36-47 lbs 240 mg PO every 4 hours as needed
48-59 lbs 320 mg PO every 4 hours as needed
60-71 lbs 400 mg PO every 4 hours as needed
72-95 lbs 480 mg PO every 4 hours as needed
>95 lbs 650 mg PO every 4 hours as needed

Ibuprofen/Advil/Motrin

Dr.'s Initials _____

child's weight _____

May be given for pain or fever greater than 100 degrees

24-35 lbs 100 mg PO every 6 hours as needed
36-47 lbs 150 mg PO every 6 hours as needed
48-59 lbs 200 mg PO every 6 hours as needed
60-71 lbs 250 mg PO every 6 hours as needed
72-95 lbs 300 mg PO every 4 hours as needed
>95 lbs 400 mg PO every 6 hours as needed

Diphenhydramine/Benadryl

Dr.'s Initials _____

For allergic rhinitis, hives, venomous stings, purities

1 tsp (12.5 mg) per 25 lbs. Up to a maximum dose of 50 mg. Every 6 hours as needed.

Albuterol

Dr.'s Initials _____

For wheezing or shortness of breath

1-2 puffs PO every 3-4 hours as needed

If nebulizer available .5 cc of a .083 percent solution via nebulizer every 4 hours as needed

Epi Pen

Dr.'s Initials _____

For acute allergic reactions where the child is having difficulty breathing, difficulty swallowing, or shock. For milder reactions use Diphenhydramine as above. If Epi Pen is needed an ambulance should be called.

One subcutaneous injection as needed. (may repeat one time after 10 minutes if needed)

<60 lbs Use Epi Pen Jr. >60 lbs Use Epi Pen

- Refer to Individual Allergy Action Plan

Other

Dr.'s Initials _____

Doctor's Signature: _____

Date: _____

Doctor's Name: _____ Telephone: _____

Address: _____

Authorization for the administration of Medicines by School Personnel

The Connecticut State law and Regulations require a physician's or dentist's written order AND parent or guardian's authorization for a nurse to administer medications or in her absence, the principal or teacher to administer medications (prescription and Nonprescription). Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

Inhalant medications may be self-administered by children grade 4 and up with the approval of the school nurse and must be authorized by the MD and parent/guardian

Parent Signature _____

Date _____