

# CANTON PUBLIC SCHOOLS HEALTH SERVICES

## WRITTEN PARENT/GUARDIAN CONSENT AND PLAN FOR ADMINISTRATION OF IBUPROFEN (ADVIL)

I give permission to the school nurse to give IBUPROFEN to my child in accordance with the Canton School Department and Massachusetts Board of Registration in Nursing protocol. \*

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ (Weight if below 94 lbs.) \_\_\_\_\_

DOSE: As per protocol; Every 6 hours as needed DIAGNOSIS: Mild Pain

SIDE EFFECTS: Gastrointestinal bleeding, skin rash, itching

REQUIRED STORAGE CONDITIONS: Medication cabinet in School Health Office

LOCATION OF MEDICATION ADMINISTRATION: School Health Office

MEDICATION RECEIVED FROM PARENT: (Circle one) School Supply or Home Supply

Name of Medication: \_\_\_\_\_ Quantity received: \_\_\_\_\_ Exp.date: \_\_\_\_\_

OTHER MEDICATIONS CURRENTLY TAKING: \_\_\_\_\_

PLAN FOR FIELD TRIP: Not needed unless requested by parent

PLAN FOR MONITORING MEDICATION: Student to return to nurse if needed

OTHER SPECIFIC DIRECTIONS: \_\_\_\_\_

FOOD/DRUG ALLERGIES: \_\_\_\_\_

PARENT/GUARDIAN HOME AND WORK NUMBERS: See emergency forms on file.

Canton Public Schools require that the parent/guardian receive notification after 10 doses of acetaminophen have been administered during the school year. Please indicate the preferred method of communication.

Phone: \_\_\_\_\_ email: \_\_\_\_\_ Letter: \_\_\_\_\_

\*According to Massachusetts laws governing the administration of medication in schools, school nurses cannot medicate a child without written parental permission and a written medication administration plan.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_ SCHOOL YEAR: 201\_\_\_\_\_ to 201\_\_\_\_\_

SCHOOL NURSE SIGNATURE: \_\_\_\_\_