

Hopewell Valley Regional School District

Division of Pupil Services
425 South Main Street
Pennington, NJ 08534

PERMISSION FORM FOR ADMINISTRATION OF ACETAMINOPHEN AND IBUPROFEN

Dear Parents/Guardians:

The administration of medication to a student during school hours shall be done by the school nurse. The medication must be accompanied by a written statement from a physician that states the type, dosage, and purpose of the medication. An adult must deliver all medications to the school nurse in its original prescription container, labeled by the pharmacist. Students are not permitted to carry medications, except for life-threatening conditions.

The school nurse may give your student acetaminophen, ibuprofen, or other over-the-counter medications as needed with permission from a parent/guardian.

If you would like to allow your child to take acetaminophen or ibuprofen when needed during school hours of the current school year, please sign and return this notice to the Health Office in your child's school.

Permission for administration of acetaminophen / ibuprofen		
_____	_____	_____
Child's Last Name	First Name	Middle Name
Medication preference (<i>please indicate your choice with a checkmark</i>):		
_____	Acetaminophen (Tylenol®)	
_____	Ibuprofen (Advil®)	
_____	Either (at the discretion of the school nurse)	

Parent / Guardian Name (please print)	
_____	_____
Signature of Parent / Guardian	Date