

New Milford Public Schools
New Milford High School
2022-23

Tylenol (acetaminophen)/Ibuprofen Permission Form

Student's name: _____ DOB: _____ Grade: _____

Medication Permission:

I give permission for the School Nurse to administer the following medication(s) to my child.

PLEASE CIRCLE YOUR CHOICE -

TYLENOL (acetaminophen): yes no

IBUPROFEN: yes no

Standing Orders allow up to 4 doses per month in high school and 2 doses per month in middle school.

Parent/guardian signature: _____ Date: _____

Contact info: Home : _____ Cell: _____ Work: _____

State and local school boards allow the school nurse to administer medications to students pursuant to written authorization of a parent/guardian and Standing Orders from the school district medical advisor. New Milford Public Schools will allow the above medications to be administered by the school nurse while the school nurse is on duty, NOT ON FIELD TRIPS, provided this form is completed. Please contact your child's school nurse with any questions. If your child requires any other medications, including over the counter medication, contact the school nurse for the appropriate form.

RETURN FORM TO THE SCHOOL NURSE VIA EMAIL

westlaket@newmilfordps.org

powellc@newmilfordps.org