

# Dedham Public Schools

## Health Services

### Nursing Supervisor

Gail Kelley RN  
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### Greenlodge School

Geri Kelly RN  
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### Riverdale School

Judy Byrne RN  
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### Curran ECEC

Jane Moy RN  
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### High School

Maria Antonuccio RN  
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### Avery School

Sheila Bennett RN  
(781) 320-8925

### Middle School

Carol Laurino RN  
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### Oakdale School

Sue Healy RN  
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Dear Parent/Guardian:

Under the standing orders of our medical advisor, the DPS nurses at the elementary school level will now be able to administer Acetaminophen (generic form of Tylenol) or Ibuprofen (generic form of Advil/ Motrin) to students who have written parental permission.

Acetaminophen or Ibuprofen may be administered for simple headaches, cramps, muscular discomfort, low grade fever and discomfort due to braces. This medication will not be administered to allow students with fevers greater than 100° to remain in school, as it is the philosophy of this office that these students should go home.

Only one dose will be administered during the school day. Prior to the administration of Acetaminophen or Ibuprofen, the nurse will contact the student's parent/guardian. This will allow the nurse to ascertain the time of the last dose, if any, that may have been given at home and to inform the parent/guardian of the time and circumstances surrounding the medication administration. Manufacturer's dosage guidelines will be used when administering Acetaminophen or Ibuprofen. Medication will be available in liquid and tablet form. If you want your child to receive medication, please complete and return the form below. No student will be allowed to receive medication without a signed parental form.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Class \_\_\_\_\_

Other medications my child is taking \_\_\_\_\_

Allergies to medications \_\_\_\_\_

- Acetaminophen (Tylenol)
- Ibuprofen (Advil/Motrin)

I give Dedham Public School nurses permission to administer (**check one or both**) to my above named child as needed. No allergy to this medication is presently known. I will notify the school nurse if, at any time in the future, my child should not receive this medication. This permission is in effect until the end of this school year.

\_\_\_\_\_  
Parent/Guardian Signature Date