

**DEDHAM MIDDLE and HIGH SCHOOL
HEALTH OFFICES**

Dear Parent/Guardian:

The school nurse will be able to administer Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) to students who have written parental permission. This medication will be administered for 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.

If you want your child to receive medication, please complete and return the form below. Please indicate whether you prefer Tylenol or Ibuprofen. No student will be allowed to receive medication without a signed parental form.

Thank you,
Maria Antonuccio R.N.
Geri Kelly R.N.-

I give permission for my son/daughter to receive adult regular strength Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) every 8 hours at the discretion of the school nurse for the following conditions:

- ❖ Headache
- ❖ Menstrual cramps
- ❖ Low-Grade Fever
- ❖ Dental pain
- ❖ Muscular discomfort

Student Name _____ Birth date _____
Known Drug Allergies _____

Please **CHECK** which medication and dosage you prefer:

- Tylenol 325 mg (1 tablet)
- Tylenol 325 mg (2 tablets)
- Ibuprofen 200 mg (1 tablet)
- Ibuprofen 200mg (2 tablets)

Parent/Guardian Signature _____ Date _____