

EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT
Department of Student Health Services

ACETAMINOPHEN/IBUPROFEN FORM

Michelle Filipkowski, RN
9-10 Nurse
784-4441, x1250

Cathy D'Ascenzo, RN
11-12 Nurse
784-4441, x1136

This form is good for the current school year.

I give permission for my child _____

to receive any medication checked below on this form by the School Nurse. I understand that generic equivalent medication may be used.

I would like the following medication(s) made available to my child: (PLEASE INITIAL)

_____ Acetaminophen (Tylenol) 650 mg every 4 hours be given orally as needed for pain or fever.

_____ Ibuprofen 200-400 mg every 4 hours for pain or fever

PARENT'S/GUARIAN'S SIGNATURE _____

DATE: _____

STUDENT'S GRADE: _____