

WALPOLE PUBLIC SCHOOLS

WRITTEN PARENT/GUARDIAN CONSENT AND PLAN FOR ADMINISTRATION
OF

ACETAMINOPHEN (TYLENOL)

I give permission to the school nurse to give ACETAMINOPHEN to my child in accordance with Walpole School Department and Massachusetts Board of Registration in Nursing protocol.*

STUDENT _____

STUDENT'S DATE OF BIRTH _____ (Weight if below 94 lbs _____)

DOSE _____ Every 4 hours as needed DIAGNOSIS Pain due to _____

SIDE EFFECTS Severe liver damage with toxic doses, possible rash, hives

REQUIRED STORAGE CONDITIONS Medication cabinet in Health Office

LOCATION OF MEDICATION ADMINISTRATION School Health Office

QUANTITY OF MEDICATION RECEIVED FROM PARENT _____

OTHER MEDICATIONS CURRENTLY TAKING _____

PLAN FOR FIELD TRIP Not needed unless requested by parent

PLAN FOR MONITORING MEDICATION Student to return to nurse if needed

OTHER SPECIFIC DIRECTIONS _____

FOOD/DRUG ALLERGIES _____

PARENT SIGNATURE _____

SCHOOL NURSE SIGNATURE _____

PARENT/GUARDIAN HOME AND WORK NUMBERS See emergency info on X2

DATE _____ SCHOOL YEAR _____

*According to Massachusetts laws governing the administration of medication in schools, school nurses cannot medicate a child without written parental permission and a written medication administration plan.

WALPOLE PUBLIC SCHOOLS
WRITTEN PARENT/GUARDIAN CONSENT AND PLAN FOR ADMINISTRATION
OF
IBUPROFEN (ADVIL, MOTRIN)

I give permission to the school nurse to give IBUPROFEN to my child in accordance with Walpole School Department and Mass Board of Registration in Nursing protocol.*

STUDENT _____

STUDENT'S DATE OF BIRTH _____ (Weight if below 94 pounds _____)

DOSE _____ Every 6 hours as needed DIAGNOSIS Pain due to _____

SIDE EFFECTS Common: Nausea, gastric distress, headache, loss of appetite
Less common: Tinnitus, dizziness, blood disorders, edema, renal failure

REQUIRED STORAGE CONDITIONS Medication cabinet in Health Office

LOCATION OF MEDICATION ADMINISTRATION School Health Office

QUANTITY OF MEDICATION RECEIVED FROM PARENT _____

OTHER MEDICATIONS CURRENTLY TAKING _____

PLAN FOR FIELD TRIP Not needed unless requested by parent

PLAN FOR MONITORING MEDICATION Student to return to nurse if needed

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PARENT/GUARDIAN HOME AND WORK NUMBERS See emergency info on X2

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