



**PARENT/GUARDIAN AUTHORIZATION FOR SCHOOL TO ADMINISTER  
ACETAMINOPHEN AND IBUPROFEN FOR 2022-2023 SCHOOL YEAR FOR  
MARINE SCIENCE MAGNET HIGH SCHOOLS**

Connecticut state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give acetaminophen and ibuprofen to students. In such cases, the order of a licensed physician is not required. School RN must keep record of assessment and administration.

**INFORMATION PROVIDED BY PARENT/GUARDIAN:**

Name of Student: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ TEL: \_\_\_\_\_

Reason medication may be given: Simple Headache, Menstrual discomfort, Dental/orthodontic Pain or Minor joint/muscle pain **\*\*STUDENTS WITH FEVER WILL BE EXCLUDED\*\***

**DOSAGE AND FREQUENCY OF ADMINISTRATION:**

Ibuprofen 200 mg, one to two tablets by mouth if needed, not to exceed three doses within 30 days. (1 tab if 50 to 64 lbs; 1 1/2 tabs if 65 to 89 lbs; 2 tabs if 90 > lbs.)

**OR**

Acetaminophen 325 mg, one or two tablets by mouth if needed, not to exceed three doses within 30 days. (1 tab if 50 to 74 lbs; 1 1/2 tabs if 75 to 89 lbs; 2 tabs if 90 > lbs.)

I hereby request that the medications listed above be administered to my child by school registered nurse and in accordance with state regulations. I have instructed my child to report to school personnel and myself if the medication does not appear to be effective.

Parent/Guardian Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by School Medical Advisor:

*N. J. S. M.D. 7/1/22*

VJAY K. SIKAND, M.D.

DATE