Rochester Memorial School

I hereby give my permission for _____



2nool 16 Pine St., Rochester MA 02770 Phone: (508)763-2049 FAX: (508)763-2623

From the School Nurse's Office

Please sign and return the form below

According to the Board of Registration of Nursing in Massachusetts, nurses may administer over-the-counter medications to students in Massachusetts schools based on protocols that have been developed in collaboration with the school physician. Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) will be the only over-the-counter medications available in the nurse's office. In order to give acetaminophen or ibuprofen in the nurse's office, it is mandatory to receive parental consent. Please fill out the form below and return it to school, as it will be kept on record for the school year.

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needed	tive a single dose of acetaminophen (Tylenol) or Ibuprofen (Advil or Motrin), as l. My son/daughter is currently receiving the following medications (to be ted if not in violation of confidentiality).
Please day).	list all the medication your child is receiving, including those given during the school
1.	
2.	
My son	/daughter is known to have the following allergies:
Date _	Parent/Guardian signature

Acetaminophen is an anti-pain and anti-fever medication that is given at a dose of 6.5mg per pound of body weight every 4-6 hours as needed. Side effects include rash, hives and liver damage with excessive usage and/or over dosage. Maximum dose 650mg every 4-6 hours as needed.

Ibuprofen is an anti-fever, anti-pain, and anti-inflammatory medication that is generally well tolerated at doses of 4mg per kilogram of body weight.