



**SAINT CHARLES**  
CATHOLIC SCHOOL

**Acetaminophen and Ibuprofen School Administration Form  
for students 12 YRS OLD and OLDER**

I request that my child \_\_\_\_\_, grade \_\_\_\_\_, age \_\_\_\_\_ to receive Acetaminophen or Ibuprofen from the school stock. According to the school policy, the health office will stock these two over-the-counter medications in pill form. Your child must be able to swallow pills and be **12 years of age and older**. Liquid/chewable Acetaminophen and Ibuprofen will need to be supplied by parent/guardian and brought to the Health Office. I understand that the school is rendering a service and does not assume any responsibility for this matter. I further understand that trained designated personnel will administer the medication(s). Per school policy you will be notified if medication is administered. Please indicate the best way the school can notify you.

Phone number \_\_\_\_\_

Email \_\_\_\_\_

My child has these **medication allergies** \_\_\_\_\_

I request that my son/daughter receive **Acetaminophen and/or Ibuprofen** (please circle) if needed during school or in aftercare.

Please indicate (by circling) desired form of Acetaminophen or Ibuprofen:

**Liquid/Chewable/Pill**

Dosing will be provided per medication label.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

- ❖ Please note medications other than Acetaminophen or Ibuprofen will need a separate **Physician Authorization** form. See health policy on school website for the form and further information.