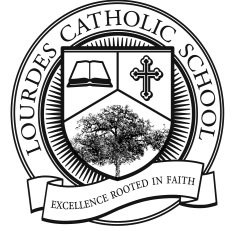


**Lourdes Catholic School
2016-2017**



**Permission to Administer Acetaminophen and/or Ibuprofen Medication
5TH-8TH Grade Students Only**

To Parent or Guardian:

Lourdes Catholic School will administer 325mg of Acetaminophen or 200mg of Ibuprofen medication to a student in 5th-8th grade, with the permission of a parent or guardian. Please complete the box below and return this form to the school office or Health Aide. Please complete one form per student. If you have any questions, please contact our school Health Aide or the school office at 359-3466.

If a student must take a **prescription** medication during school hours, please contact the Health Aide or school office. We will provide you with the form needed to be filled out by the physician.

If the student has any allergies, please list in the box below.

I authorize school personnel to administer the following medications as needed / requested by my child. The school has in-stock **325 mg acetaminophen and 200 mg ibuprofen**. If your child requires a liquid, child dosage, or different dosage, please label and send to the school office. **All OTC medication must be in original manufacturer packaging.**

Student's Name: _____ **Date:** _____

Initials _____ Ibuprofen _____ Dosage _____ Child's weight _____ lbs.

Initials _____ Acetaminophen _____ Dosage _____ Child's weight _____ lbs.

Allergies:

Signature of parent or guardian _____

Comments - Special instructions re: OTC medications listed above:

