

THIS APPLIES TO GRADES 6-8 ONLY

**AUTHORIZATION TO ADMINISTER NON ASPIRIN/ACETAMINOPHEN (TYLENOL)
to students in Grades 6-8**

For students in Grade 6-8, I ()DO / ()DO NOT authorize the school nurse with a standing order from the school medical advisor to administer acetaminophen (Tylenol) medication at his/her discretion to my child _____.

Signature of Parent/Guardian

(Please type in your name on signature line and date)

Date

**AUTHORIZATION TO ADMINISTER IBUPROFEN (generic Advil/Motrin)
For FEMALES IN GRADE 6-8 ONLY**

For FEMALE students in Grade 6-8, I ()DO / ()DO NOT authorize the school nurse with a standing order from the school medical advisor to administer ibuprofen medication, up to four (4) doses per month, for dysmenorrhea (menstrual cramps) at his/her discretion to my child _____.

Signature of Parent/Guardian

(Please type in your name on signature line and date)

Date