

All Saints Catholic School

Permission to Administer Acetaminophen and or Ibuprofen Medication 5th-8th Grade Students Only

To Parent or Guardian:

All Saints 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. Please complete one form per student. If you have any questions, please contact the school office at 324-3205.

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

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

school has in-stoo dosage, or differe	rk 325 mg acetaminophen a r	nd 200 mg ibuprofen. If	s needed / requested by my chi your child requires a liquid, ch all OTC medication must be in	nild
Student's Name:		Date:		
Initials	Ibuprofen	Dosage	Child's weight	lbs.
Initials	Acetaminophen	Dosage	Child's weight	lbs.
Allergies:				
	ent or guardian_ ial instructions re: OTC medic			