Permission to Administer Acetaminophen/Ibuprofen for 2018-2019

Student Name:_____ Date:_____

_____I DO NOT give Levey Day School permission to administer acetaminophen and /or ibuprofen to my child.

Parent's Signature: _____

_____I give Levey Day School permission to administer acetaminophen and /or ibuprofen to my child. I understand this will be logged and monitored.

Parent's Signature: _____

Child's weight for dosing purposes: _____

Please call me before administering any medication: Yes_____ No____ Phone #: _____

If you have a preference of acetaminophen or ibuprofen, please specify: _____

Date	Time	Amount	Acet/Ibup	Reason for medication	Signature	Parent contacted?