

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS
Middletown, NJ 07748

Student Name _____ Grade _____ Date of Birth _____

Medication taken on a regular basis: _____
I request that the following medications may be **administered** to my child and will **supply the medication** (please circle your child's dose):

For headache/earache/menstrual cramps/muscle aches/fever >101 degrees:

Acetaminophen (TYLENOL) <http://www.healthychildren.org/English/tips-tools/symptom-checker/Pages/Acetaminophen-Dosage-Table.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

Child's Weight (pounds)	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Syrup: 160 mg/1 teaspoon	3/4	1	1 1/2	2	2 1/2	3	4	tsp
Chewable 80 mg tablets	1 1/2	2	3	4	5	6	8	tabs
Chewable 160 mg tablets	--	1	1 1/2	2	2 1/2	3	4	tabs
Adult 325 mg tablets	--	--	--	1	1	1 1/2	2	tabs
Adult 500 mg tablets	--	--	--	--	--	1	1	tabs

Ibuprofen (ADVIL/MOTRIN) <http://www.healthychildren.org/English/tips-tools/symptom-checker/Pages/Ibuprofen-Dosage-Table.aspx>

Child's Weight (pounds)	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Liquid 100 mg/ 1 teaspoon	3/4	1	1 1/2	2	2 1/2	3	4	tsp
Chewable 50 mg tablets	--	2	3	4	5	6	8	tabs
Junior-strength 100 mg tablets	--	--	--	2	2 1/2	3	4	tabs
Adult 200 mg tablets	--	--	--	1	1	1 1/2	2	tabs

For upset stomach/Circle dose:

_____ Chewable antacid tablets (Tums) 1tablet 2tablets

For mild allergic reaction BENADRYL (Circle dose that applies to your child):

- Under 6 year of age - 12.5mg (1 teaspoon of 12.5mg/teaspoon)
- 6-12 Years of age 25 mg (2 teaspoon = 25 mg)
- >12 years old 25mg-50mg (2-4 teaspoon of 12.5mg/teaspoon)

I understand that the school nurse, with the established protocol that has been developed and approved by Middletown Township School district physician, can administer the above medications. Be advised that the district shall incur NO liability as a result of any injury arising from the administration of medication and the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of this medication.

Signature of parent/Guardian

Date

Contact #