

PERMISSION FOR NON-PRESCRIPTION MEDICATION
TO BE TAKEN AT SCHOOL

Non-prescription medication administration is available to a student ONLY when this form is signed by the student's parent/legal guardian and on file with the Manhattan School District Nurse. Prescription medications are required to have a form signed by the physician. (See physician order)

Contact will be made with the parent/legal guardian prior to EACH administration. Should the student or parent/legal guardian state that the student has taken non-prescription medication earlier in the day, they take unknown medications, have a confirmed or unconfirmed allergy to non-prescription Acetaminophen, Ibuprofen, or Benadryl, or they state any other contraindications the medication will not be administered.

Name of Student: _____

Name of School: _____

Grade: _____ Teacher: _____

Name of Medication: _____

Dosage Instructions: _____
(follow information below for Tylenol, Ibuprofen, or Benadryl)

Route (oral, topical, etc): _____

Purpose of Medication: _____

Timing of Medication: _____ Duration (number of days): _____

Possible Side Effects: _____

Additional Instructions: _____

Non-Prescription Medication Dosages

(may administer lower dose if indicated by parent)

Tylenol (Acetaminophen)

Kindergarten: 1 ½ teaspoon= 7.5 ml=240mg of liquid.
160mg/5 ml concentration.

Grades 1-4: One 325 mg tablet OR one 500mg tablet
(up to 3 teaspoons/15 ml).

Grades 5-12: Two 325 mg tablets OR one 500mg
tablet (3-4 teaspoons/15-20 ml).

Frequency/max dose for all ages: Up to every 4
hours, no more than 1300 mg in 8 hrs

Advil/Motrin (Ibuprofen)

Kindergarten: 1 ½ teaspoon= 7.5 ml= 150mg of
liquid. 100mg/5 ml concentration.

Grades 1-4: One 200 mg tablet or 2 teaspoons/10 ml
Grades 5-12: Two 200mg tablets or 4 teaspoons/20
ml

Frequency/max dose for all ages: Once every 8
hours.

Benadryl (diphenhydramine)

25mg (*all ages*) for minor allergic reaction to include
swelling at site of sting, and/or hives or itching at area
of contact to allergen.

I hereby give my permission for _____ to take the above
medication at school as stated. **I understand that it is my responsibility to furnish this medication,
and that medication is to be brought to the school nurse or secretary by a parent/guardian in the
original container.**

Signature of Parent/Guardian: _____ Date: _____