Dear Parents/Guardians:
The following medications are available for your child at school. They have been approved by our Medical Advisor.

The Connecticut State Law and Regulations 10-121(a) require a written order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician’s assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medications.

Please put your 1: initials next to the medication you would like given
2: circle the dose
3: and sign where indicated below

- **TYLENOL** (Acetaminophen 160mg/5 ml)  
  Doses:  
  24-35 lbs  5 ml  
  36-47  7.5 ml  
  48-59  10 ml  
  60-71  12.5 ml  
  72-95  15 ml  
  over 95  20 ml  

- **MOTRIN** (Ibuprofen 100mg/5 ml)  
  Initials______

- **BENADRYL** (Diphenhydramine Hcl 12.5mg/5 ml)  
  For allergic reaction x1 while in school  
  Doses:  
  26-32 lb  5 ml  
  33-43  7.5 ml  
  44-54  10 ml  
  55-65  12.5 ml  
  66-88  15 ml  
  over 88  20 ml

Tylenol, Motrin, and Benadryl will be given orally or via G or J tube as indicated.

- **BACITRACIN** Topical  
  Apply to wound x1 while in school  
  Initials______

- **DIAPER RASH CREAM** Topical  
  Apply to perineal area as needed for rash with each diaper change (Desitin/Balmex/Zinc etc.)  
  Initials______

- **NURSE** may replace MIC-KEY button if needed during school.  Initials______

Length of time which medication can be administered: **FROM: 9/5/23 TO: 8/30/24**

**PHYSICIAN’S NAME:** ________________________________

**PHYSICIAN’S SIGNATURE:** ________________________________

I hereby request that the above medications be administered by school personnel.

**SIGNATURE OF PARENT/GUARDIAN:** ________________________________  **DATE:** ____________________

Prn Tylenol Form KK/cs