

**SOUTHERN LEHIGH SCHOOL DISTRICT
School Health Services
Pain Relief Permission Form**

Dear Parent or Guardian:

Occasionally during the school day a pupil becomes ill, (i.e. headache, toothache, menstrual cramps). His/her discomfort could be relieved with an acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) tablet. This medication is available through the school nurse, given at her discretion, but **ONLY WITH PARENT PERMISSION.**

Since reaching parents by telephone is often very difficult, we are asking that you indicate your wishes by signing this form and returning it to school. Your decision will remain in effect for the current school year.

We recommend that you consult your family physician regarding the effects of acetaminophen and/or ibuprofen before signing this paper.

Thank you.

Please check the appropriate responses.

_____ You may provide my child with adult strength acetaminophen.

_____ One (325 mg) _____ Two (650 mg)

_____ You may provide my child with adult strength ibuprofen.

_____ One (200 mg) _____ Two (400 mg)

_____ You **MAY NOT** provide my child with acetaminophen or ibuprofen.

If it appears that a pupil is forming a pattern of repeated and/or frequent requests for acetaminophen or ibuprofen, the parents will be informed.

Name of Pupil

Signature of Parent/Guardian

Grade/Homeroom

Date