



MPS Protocol Medication Consent Form

Student's Name: _____ ID#: _____ Date of Birth: _____
School: _____ Grade: _____

Dear Parent/Legal Guardian:

School Nurses and School Nurse Associates provide care to students in the Milwaukee Public School District. The goal of these services are to assist in your child's safety, well-being, and attendance during the school day.

Nurses are able to administer Acetaminophen (Tylenol®) or Ibuprofen (Advil® or Motrin IB®) for students who have an **occasional** headache, other pain, or menstrual cramps

Students presenting with asthma-like symptoms may be given a rescue inhaler of Albuterol or Proventil® by the Nurse, available in the health office (this does not replace your child having his/her own inhaler at school). **If your child uses a rescue or Albuterol inhaler at home, please provide this medication to school. The Protocol Albuterol or Proventil inhaler is intended for emergency events only. The school's rescue inhaler will not be sent on any fieldtrips.**

Your child will only be able to receive these medications with your signed permission and **subject to the availability of the Nurse.**

If you would like your child to receive protocol medications when necessary, please complete this form and return it to the Nurse at your child's school. **This permission form needs to be completed every year.**

The dosage of the medications is specified in "standing orders" approved by the school district medical advisor. **Please check the medication you would like to have available to your child.** The dose schedule is below:

- For **FEVER, HEADACHE or PAIN**, nurses may give:
Acetaminophen (Tylenol®) based on weight guideline of approximately 15 mg/kg/dose every 4-6 hours as needed with maximum single dose of 650 mg.
OR
Ibuprofen (Advil® or Motrin IB®) based on weight guideline of approximately 10 mg/kg/dose every 8 hours as needed with maximum single dose of 400 mg.
- For **PAIN or MENSTRUAL CRAMPS**, nurses may give:
Ibuprofen based on weight guideline of approximately 10 mg/kg/dose every 8 hours as needed.
- For **ASTHMA-LIKE SYMPTOMS**, nurses may give up 4-6 puffs of an **Albuterol** or Proventil® metered dose inhaler. You will be contacted after the medication has been given. May repeat in 20 minutes if symptoms persist.
- DO NOT** give my child any of the protocol medications listed above.

We can only treat your child with your written permission. We must know if your child has **any drug allergies** or history of any drug reactions. **Please list:** _____

I give permission for the Nurse to administer an occasional dose of medication checked above to my child for fever, headache, pain, menstrual cramps or respiratory distress.

Signature of Parent/Legal Guardian

Phone Number

Date: (Month/Day/Year)