

MPS Protocol Medication Consent Form

Student's Name: _____ ID#: _____ Grade: _____ School: _____

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 is to assist in your child's safety and well-being during the school day and attendance.

For students who have an **occasional** headache, other pain or menstrual cramps, nurses are able to administer acetaminophen (Tylenol®) or Ibuprofen (Advil® or Motrin IB®) in specific situations. This is for urgent care only when a student has a headache, other discomfort or menstrual cramps.

Also, students presenting with asthma-like symptoms may be given a rescue inhaler of Albuterol or Proventil® by the school 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 inhaler is intended for emergency events only. Also parents are expected to send Albuterol inhalers on all fieldtrips. The school's rescue inhaler will not be sent on any fieldtrips.

Your child will only be able to receive these medications with your **written** 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 school nurse at your child's school. **This permission form needs to be filled out every year.**

The dosage of the medications is specified in "standing orders" approved by the school district medical advisor, Kimberlie Ward M.D. **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.

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 school nurse to administer an occasional dose of medication checked above to my child for respiratory distress, headache, discomfort or menstrual cramps.

Signature of Parent/Legal Guardian: _____ Date: _____

DO NOT give my child any of the protocol medications listed above.