

New Milford Public Schools  
**New Milford High School**  
2025 - 2026

Tylenol (acetaminophen)/Ibuprofen Permission Form

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Permission:

I give permission for the School Nurse to administer the following medication(s) to my child.

**\*\*\*\*PLEASE CIRCLE YOUR CHOICE(S)\*\*\*\***

**TYLENOL (acetaminophen): yes no**

**IBUPROFEN: yes no**

**Standing Orders allow up to 4 doses per month in high school and 2 doses per month in middle school.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact info: Home : \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

State and local school boards allow the school nurse to administer medications to students pursuant to written authorization of a parent/guardian and Standing Orders from the school district medical advisor. New Milford Public Schools will allow the above medications to be administered by the school nurse while the school nurse is on duty, NOT ON FIELD TRIPS, provided this form is completed. Please contact your child's school nurse with any questions. If your child requires any other medications, including over the counter medication, contact the school nurse for the appropriate form.

**RETURN FORM TO THE SCHOOL NURSE VIA EMAIL**

**[westlaker@newmilfordps.org](mailto:westlaker@newmilfordps.org)**

**[mcqueene@newmilfordps.org](mailto:mcqueene@newmilfordps.org)**