



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

This school year Nurses will not administer protocol Albuterol inhaler because we do not want to treat symptoms that may be associated with COVID-19. If your child uses a rescue or Albuterol inhaler at home, please provide this medication, along with medical orders and signed parent consent form to the school.

Nurses can administer Ibuprofen (Advil® or Motrin IB®) for students who have menstrual cramps and musculoskeletal pain, tendonitis, and/or bursitis related to injury. Tylenol will **only** be administered when the child has a documented allergy to Ibuprofen (Advil® or Motrin IB®).

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

If you would like your child to receive protocol medication 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 MUSCULOSKELETAL PAIN, TENDONITIS, BURSITIS related to INJURY, Nurses may give:
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.
- Or when the child has a documented allergy to Ibuprofen (Advil® or Motrin IB®).
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.
- For PAIN or MENSTRUAL CRAMPS, Nurses may give:
Ibuprofen based on weight guideline of approximately 10 mg/kg/dose every 8 hours as needed.
- DO NOT** give my child the protocol medication 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 menstrual cramps, musculoskeletal pain, tendonitis, and/or bursitis.

Signature of Parent/Legal Guardian

Phone Number

Date: (Month/Day/Year)