

Downe Township Elementary School  
220 Main Street  
Newport, New Jersey 08345  
Tel: 856-447-4673 Fax: 856-447-3005

**Preschool 3 to 4<sup>th</sup> Grade**

**POLICY AND STANDING ORDER FOR ADMINISTRATION OF ACETAMINOPHEN  
(Tylenol)**

SCHOOL NURSES MAY ADMINISTER ACETAMINOPHEN IN THE FOLLOWING  
EMERGENCY SITUATION: TEMPERATURE ELEVATION OF 101° OR ABOVE:

**TYLENOL IS NOT TO BE GIVEN FOR ANY OTHER CONDITION!**

Guidelines:

1. STUDENT DOES NOT HAVE AN ALLERGY TO ACETAMINOPHEN.
2. STUDENT MUST HAVE A SIGNED PARENTAL PERMISSION FORM GIVING THE NURSE PERMISSION TO ADMINISTER ACETAMINOPHEN.
3. STUDENT MUST HAVE A TEMPERATURE ELEVATION OF 101° OR ABOVE.
4. SCHOOL NURSE MUST ATTEMPT TO CONTACT THE PARENT, IF PARENT UNABLE TO PICK UP STUDENT WITHIN 30 MINUTES OR UNABLE TO REACH PARENT X 30 MINUTES, NURSE MAY ADMINISTER 1 DOSE OF ACETAMINOPHEN.
5. SCHOOL NURSE WILL FOLLOW PRESCRIBES DOSAGE CHART (PROTOCOL FOR ACETAMINOPHEN ADMINISTRATION) IN ADMINISTRATION OF ACETAMINOPHEN.
6. ONLY ONE DOSE OF ACETAMINOPHEN WILL BE ADMINISTERED PER DAY.
7. SCHOOL NURSE WILL REASSESS STUDENT EVERY 30 MINUTES AFTER THE ADMINISTRATION OF ACETAMINOPHEN, AND OBSERVE THE STUDENT IN THE NURSE'S OFFICE UNTIL PICKED UP BY PARENT.
8. A FOLLOW UP NOTE WILL BE GIVEN TO THE PARENT WITH THE TIME OF ADMINISTRATION AT THE TIME THEY PICK UP THE STUDENT.
9. SCHOOL NURSE WILL INSTRUCT THE PARENT TO CONTACT THE STUDENT'S PHYSICIAN AS SOON AS POSSIBLE

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**Consent for Administration of TYLENOL preschool to 4<sup>th</sup> grade students**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Teacher:  
\_\_\_\_\_ Grade: \_\_\_\_\_

Medication Allergies/Sensitivities:  
\_\_\_\_\_

Current Daily Medication:  
\_\_\_\_\_

Medical/Health Problems:  
\_\_\_\_\_

I give permission for my child to receive Tylenol as deemed necessary by the Registered Nurse/School Nurse AND per the school Tylenol administration policy of which I was given a copy and which I understand. Dosage will be calculated by the dose recommendations already labeled on the medication according to the child's weight and age. I understand that generic equivalent medications may be used. I would like the following medication made available to my child:

\_\_\_\_\_ Tylenol

ONLY For fever of 101 or above when I am not able to pick up student within 30 minutes or school nurse is unable to reach me for 30 minutes or more. I understand that the above medications I have checked will be administered by the Registered Nurse/School Nurse in accordance with established protocols developed by the Chief School Physician and in accordance to Downe Township Medication Administration policy.

\_\_\_\_\_ I do not want any tylenol given to my child in school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date