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MEDICATION POLICY

1. Students MAY NOT self-administer medication at school without written permission from a parent/guardian on file in the administrative office.
 2. Any student found carrying medication will be sent to the office.
 3. In case of a headache, minor pain or cramping, acetaminophen or ibuprofen may be given to a student under the direction and discretion of the school personnel based on the recommended dose for student's weight and age noted on packaging and written permission form on file in the administration office (see below).
 4. Medication will not be given for fever.
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ACETAMINOPHEN / IBUPROFEN ADMINISTRATION CONSENT FORM

Student's Name: _____
Last First Middle

Age: _____ Grade: _____ Current Weight: _____

List all medication allergies: _____

Describe allergic reaction: _____

(If a student has an allergy to aspirin, he/she is at greater risk for an allergic reaction to ibuprofen.)

Does your child:

_____ have any history of kidney or renal disease?

_____ have any history of liver disease or liver transplant?

Is your child:

_____ currently on anticoagulant therapy?

Has your child:

_____ taken acetaminophen before?

_____ taken ibuprofen before?

In case of a headache, minor pain or cramping, I give my son/daughter permission to receive the following medications under the direction and discretion of the YKHS school personnel based on the recommended dose for student's weight and age noted on package instructions. Medication will not be given for fever.

Acetaminophen: ☐ Yes ☐ No

Ibuprofen: ☐ Yes ☐ No

Parent/Guardian Signature

Date

Parent/Guardian Name

Daytime Contact Number