

FORMULARY NOTIFICATION
Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Date: _____

Dear Parent/Guardians;

Your student was in the health office today. They requested Tylenol/Ibuprofen.

(Circle which one)

Your student received Tylenol/Ibuprofen at _____ for _____ .

Your student was not able to take Tylenol/Ibuprofen due to the following reason;

The Health Office does not have a signed parent permission form to give the medication.
(Form is being sent home with your student)

Your student has exceeded the monthly or weekly limit for Tylenol/Ibuprofen.
(Please refer to their healthcare provider for recommendations)

Your student did not meet the set criteria for Tylenol/Ibuprofen at school, Tylenol or ibuprofen is not recommended. (Please refer to their healthcare provider for recommendations)

Check all that apply-

Pain had just started, alternate treatments were recommended

Student had not eaten, alternate treatments were recommended

Student reports pain medication or medication containing Tylenol/Ibuprofen was already taken today.

Student takes a daily medication that is contraindicated with Tylenol or Ibuprofen.

Student reports a stomachache, alternate treatment recommended

Student reports a head injury within the last 24hrs.

Other

Health Office Staff

Phone Number