

TYLENOL (ACETAMINOPHEN) FORM

Dear Parents,

Occasionally your child may unexpectedly need Tylenol during a school day. For these occasions, the school nurse maintains a limited supply of over-the-counter medication.

Please complete the form below and return it to the school nurse if you want your child to receive Tylenol during the school day.

If your child needs Tylenol for an extended time or for a chronic condition, you must supply the medication.

Name of student _____ Date of birth _____

Grade _____ Teacher _____

My child may receive the medication checked below:

_____ Ibuprofen 200 mg. One tablet or Two tablets

_____ Tylenol 1 regular adult strength Every 4 hours as needed

_____ Tylenol 2 regular adult strength Every 4 hours as needed

_____ Children's
Chewable Tylenol As directed according to age Every 4 hours as needed

I authorize the school nurse to be my agent to give the medication checked above to my child.

Signature of parent or Guardian

Date