

Tylenol Permission Form 2009-2010

Dear Parents,

Our school physician, Dr. Patel, has given the nursing staff permission to administer Tylenol 325 mg (**2 Tablets**) once every 8 hours. Tylenol will only be given for minor discomforts such as headaches, cramps, or orthodontic pain. If you would like your child, who is in grade 6th, 7th, or 8th, to receive Tylenol in school, in case of these minor discomforts please sign below. Tylenol will not be given in the event of a fever, head injury, or any other condition that is present that the nurse does not feel comfortable administering.

After the student has taken **10 or more doses** within the school year, a note from the student's private physician will be required for the student to continue requesting Tylenol while at school.

PLEASE SIGN AND RETURN THIS FORM TO THE HEALTH OFFICE.

Student's Name: _____ **Grade/Section:** _____

Signature of Parent: _____ **Date:** _____

	Date	Time	Dosage	Reason	Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Signature of Nurses:

