

PERMISSION FOR ACETAMINOPHEN (TYLENOL) AND IBUPROFEN (ADVIL)

Dear Parent or guardian,

During the school year, students often request Tylenol (acetaminophen) or Advil (Ibuprofen) for mild pain (dental pain, menstrual cramps, medically diagnosed headaches, or diagnosed injuries). If you wish for your child to have access to one or both of these medications in the office as needed, on an occasional basis, please sign below and return to the school office.

All medication orders must be renewed in writing every year.

Thank you!

(To be completed by parent or guardian)

Student name: _____ DOB: _____ Grade: _____

Allergies: _____

Any medical diagnosis? _____

My child has had acetaminophen in the past. _____

My child has had ibuprofen in the past. _____

My child, _____, may have the following medication on an occasional, as needed basis, for mild pain.

_____ acetaminophen

_____ ibuprofen

Parent signature: _____ Date: _____

Telephone #1: _____ #2: _____

