
First Name

Last Name

AUTHORIZATION TO ADMINISTER ACETAMINOPHEN
(Non-Aspirin-brand name Tylenol)

_____(student) has been informed regarding the proper use, dosage and administration of acetaminophen (non-aspirin), and I consider him/her to be responsible regarding its use. Please check with your doctor regarding your student's use of acetaminophen products.

I request that my son/daughter be given acetaminophen from the school's supply, as necessary, under the supervision of the school nurse or other authorized personnel, under the following conditions:

1. No aspirin (acetylsalicylic acid) or related compounds will be given, only non-aspirin pain reliever.
2. Dosage will be in accordance with the manufacturer's directions.
3. Records will be kept of all acetaminophen given to monitor chronic use or persistent problems.
4. No medications will be given if:
 - ∪ Fever is present.
 - ∪ There is a history of head trauma in the previous 24 hours.
 - ∪ There is no signed Authorization to Administer Acetaminophen on file at school.

Please note: It is the parents' responsibility to update in writing any changes in this authorization.

Physician signature required

Date

Parent or Guardian signature required

Date

Student signature required

Please return to: Wanda Milford, Health Specialist
Tel.: 945-3618 Fax: 945-3787