



**ELEMENTARY SCHOOL
ACETAMINOPHEN FORM**

Dear Parent/Guardian:

Occasionally your child may unexpectedly need acetaminophen during a school day. For these occasions, the school nurse may maintain a **LIMITED** supply of this medication.

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

IF YOUR CHILD NEEDS ACETAMINOPHEN 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(S) CHECKED BELOW:
BOXES MUST BE CHECKED IN ORDER FOR YOUR CHILD TO RECEIVE MEDICATION**

YES	MEDICATION	DOSAGE	FREQUENCY
	Acetaminophen (Tylenol)	1 adult regular = 325 mg.	Every 4 hours if necessary
	Acetaminophen (Tylenol)	2 adult regular = 650 mg.	Every 4 hours if necessary
	Acetaminophen (Tylenol)	Childrens Chewable 80 mg = 1 tablet Follow recommended dosing on package	Every 4 hours if necessary
	Acetaminophen (Tylenol)	Junior Strength 160 mg = 1 tablet Follow recommended dosing on package	Every 4 hours if necessary
	Acetaminophen Liquid (Tylenol)	Follow age/weight dosage on bottle	Every 4 hours if necessary

PLEASE DO NOT ADD ANY MEDICATIONS TO THIS FORM

I authorize the school nurse or the principal's designee to be my agent to give the medication(s) checked above to my child.

Signature of Parent/Guardian

Date