

**ACETAMINOPHEN FORM
HIGH SCHOOL**

Dear Parent/Guardian:

Occasionally your child may unexpectedly need acetaminophen/ibuprofen during a school day. For these occasions, the school nurse may maintain a LIMITED supply of these medications.

Please complete the form below and return it to the school nurse if you want your child to receive acetaminophen/ibuprofen 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: _____ Counselor: _____

My child may receive the medication(s) checked below:

YES	MEDICATION	DOSAGE	FREQUENCY
<input type="checkbox"/>	Acetaminophen (Tylenol)	1 adult regular = 325 mg.	every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen (Tylenol)	2 adult regular = 650 mg.	every 4 hours if necessary
<input type="checkbox"/>	Ibuprofen 200mg (Advil)	1 regular strength = 200 mg	every 6 hours if necessary
<input type="checkbox"/>	Ibuprofen 200mg (Advil)	2 regular strength = 400 mg	every 6 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 _____