

**ACETAMINOPHEN FORM
ELEMENTARY SCHOOL**

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 these medications.

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 | NO | MEDICATION | DOSAGE | FREQUENCY |
|--------------------------|--------------------------|-----------------------------------|--|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol) | 1 adult regular = 325 mg. | Every 4 hours if necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol) | 2 adult regular = 650 mg. | Every 4 hours if necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol) | Children's Chewable 80 mg. = 1 tablet Follow recommended dosing on package | Every 4 hours if necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol) | Junior Strength 160 mg = 1 tablet Follow recommended dosing on package | Every 4 hours if necessary |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen Liquid (Tylenol) | Follow age/weight dosage on bottle | Every 4 hours if necessary |

DO NOT ADD ANY MEDICATIONS TO THIS FORM

PLEASE INDICATE IF YOU WOULD LIKE TO BE NOTIFIED PRIOR TO YOUR CHILD RECEIVING MEDICATION. YES NO
I authorize the school nurse or the principal's designee to be my agent to give the medication(s) checked above to my child. I agree to, and do hereby hold the district and its employees harmless from any and all claims, demands, causes of actions, liability, or loss of any sort, because of or arising out of acts or omissions with respect to this medication.

Signature of Parent/Guardian _____ Date _____