

PERRY ELEMENTARY SCHOOL
MEDICATION PERMISSION
CHILDREN'S TYLENOL TO BE ADMINISTERED
AT SCHOOL

This is giving school personnel permission to administer Children's Tylenol, stocked in the clinic.

Please indicate the amount and whether liquid or tablet and how often and for what conditions.

I _____ give my permission for _____
(name of parent/guardian) (name of student)

to be administered Children's Tylenol liquid or tablet in the following dosage _____
_____ as often as _____.

The student may take this medication for the following condition(s) _____
_____.

This permission goes from _____ until _____
(starting date) (ending date)

You must also sign, exempting the school from liability for any reaction to the medication.

_____ Date _____