

NORTH MIDDLESEX REGIONAL SCHOOL DISTRICT

Tylenol (Acetaminophen) Permission Form

Tylenol may be administered by a School Nurse in the NMRSD under the following restrictions;

- A. Reason for receiving Tylenol is limited to:
1. occasional headaches without fever (<100 F.)
 2. orthodontic pain
 3. menstrual cramps
- B. Tylenol can only be given for five days in any two week period, and cannot exceed one dose per day.
- C. Tylenol cannot be given without **written** parental permission.

Student Name: _____ Homeroom: _____

Parent/Guardian Name: _____

Private Physician Name: _____ Phone _____

Dose 160mg-650mg, according to weight and age of student.

_____ My child can swallow medicine.

_____ My child requires chewable tablets (parent will provide chewable tablets)

I, _____ give my permission to the
(print)

School Nurse to administer Tylenol (Acetaminophen) to my child,
_____ within the appropriate limitations

(student's name)

listed above. I understand that if my child requires more than the above limitations (i.e. only one dose per day not to exceed five doses in a two week period) that Tylenol administration will no longer fall under the guidelines of this policy, and a physician order will be required.

Parent/guardian signature _____ Date _____