DR. LEWIS S. LIBBY SCHOOL
Tylenol (Non Aspirin) Permission

Parents/Guardians:

Please fill in or check the appropriate information in relation to your child. Please use a separate form for each child.

My child _____

may receive the following during school hours (to be administered by the school nurse or designated personnel *):

___ Regular strength Tylenol (non aspirin) 1 or 2 tablets (circle one)

___ Junior Tylenol (non aspirin) _____ tablets (number)

___ Children's Tylenol (non aspirin) _____ tablets (number)

_____ _____
(Signature of Parent/Guardian) (Date)

Please Note: 1. Each dosage of Tylenol (non aspirin) will be recorded. If there appears to be an excess in usage, parents will be notified. In cases of excessive routine usage, parents will be asked to supply the Tylenoll (non aspirin) for their child.

2. Aspirin is not given at school due to the potential complication of Reyes Syndrome.

3. Any other non prescription medication (cough syrup, Advil, Benadryl, etc.) must be provided by the parent/guardian and accompanied by the school medication authorization form.

*Unlicensed personnel will be appropriately trained in administering medications.