

ACETAMINOPHEN CONSENT FORM

If you wish to have your student receive over-the-counter medication (Tylenol) during the day, please complete this form and return it to the school office.

If your student requires other over-the-counter medication or medication prescribed by a physician, please request a copy of the schools Medication Consent Form.

****CONSENT FORM: TO BE SIGNED AND RETURNED TO THE SCHOOL OFFICE**

A student may receive no more than one daily dosage of Tylenol, appropriate for the student's age, every day.

I give my consent to authorized North Border School staff member(s) to give medication, under the above policy, to the following students.

Student 's name _____ Grade _____

Student 's name _____ Grade _____

Student 's name _____ Grade _____

Student 's name _____ Grade _____

Parent/Guardian Signature

Date