

**OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS**

**HEALTH SERVICES**

**2023-2024 School Year**

**CONSENT FORM TO ADMINISTER ACETAMINOPHEN (TYLENOL) IN SCHOOL**

Student's Name: \_\_\_\_\_

Grade/Block/Teacher \_\_\_\_\_

Dosage (please specify): 325 mg \_\_\_\_\_ 650 mg \_\_\_\_\_ other \_\_\_\_\_

(Middle or High Schools=1 or 2 tablets, maximum dose 650 mg)

(Elementary Schools=dosage according to student's weight)

The school nurse has my permission to administer Acetaminophen (Tylenol) to my child during this school year **ONLY** for the following reasons:

Please indicate the reason(s) acetaminophen (Tylenol) can be given:

HEADACHE \_\_\_\_\_

ORTHODONTIC DISCOMFORT \_\_\_\_\_

DYSMENORRHEA (painful period) \_\_\_\_\_

I understand, with my written permission on this form, that my child may be given acetaminophen (Tylenol) once a day at school **ONLY** for the above reason(s). If my child presents with other symptoms during that day (i.e. sore throat, stomachache) and above symptoms checked are included, no medication can be given.

I further understand that if my child has a headache due to an injury to his/her head, then acetaminophen (Tylenol) **cannot be given.**

Acetaminophen (Tylenol) will not be given for a temperature of 100 degrees or above, **the first or last hour of a school day.**

I understand that if Acetaminophen (Tylenol) is requested more than twice in a month my child would be required to have a note from their own physician for subsequent doses that month.

\_\_\_\_\_  
School Physician

\_\_\_\_\_  
Parent/Guardian's Signature

8/10/2023  
\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed