

**DANBURY PUBLIC SCHOOLS
HEALTH SERVICES**

SCHOOL YEAR _____

Tylenol Permission Form

I give permission for _____ Grade: _____
(print name of child)

to receive Acetaminophen, (Tylenol), according to the standing order from Dr. Fong, the district Medical Advisor. Your child may receive Acetaminophen, (Tylenol) for the following:

1. A temperature of 101 degrees or above, the parent has been called, and/or if the parent will be delayed for an hour or more in picking up the child.
2. Other conditions for which Acetaminophen, (Tylenol), may be administered are:
Headache, menstrual cramps, or a painful injury.

Parent/Guardian Signature: _____ Phone Number: _____

My child is allergic to _____
(Any Food or Drug)

Teacher: _____

**Please note that regardless of administration of Tylenol, your child may need to
be dismissed from school at the discretion of your school nurse.**