

Please return to the Main Office by Friday, August 29, 2008



**THE SWAIN SCHOOL
HEALTH SERVICES
2008-2009**

**TYLENOL PERMISSION FORM
(OR ACETAMINOPHEN)**

GRADES 3-8

Dear Parent/Guardian:

Occasionally during the school day a student becomes mildly ill with such complaints as a toothache or headache. His/her discomfort could be relieved with a non-aspirin product (acetaminophen) such as Tylenol, but it can only be given with parental permission.

It should be understood that Tylenol or acetaminophen would not be given for other reasons such as fever reduction, and that we will continue to call all parents in case of serious injury or illness.

If you agree that Tylenol or acetaminophen may be administered to your child, please sign this form and return it to the health office. This consent form will be effective for the upcoming school year only.

We recommend that you consult your child's pediatrician or your family physician regarding the effects of Tylenol or acetaminophen before signing this form.

Name of Student (Printed)

Grade

_____ **You may provide my child with regular strength (325 mg) Tylenol or acetaminophen as directed below.**

_____ One tablet

_____ Two tablets

I verify that my child has previously taken these medications with no ill effects:

Tylenol	<input type="checkbox"/> yes	<input type="checkbox"/> no
Acetaminophen	<input type="checkbox"/> yes	<input type="checkbox"/> no

Parent's Signature

Date