

**Danvers Public Schools
64 Cabot St.
Danvers, MA 01923**

**Written Parent/Guardian Authorization
For Administration of Tylenol/*Acetaminophen Only**

Student Name: _____

Date of Birth: _____ Grade/Teacher: _____

Parent/Guardian Name(s): _____

Phone Numbers: Home: _____
Work: _____
Cell: _____

My son/daughter is currently taking the following medication(s): _____
(Please list both prescription and non-prescription medication)

My son/daughter has the following allergies: _____

Elementary Students: Tylenol (acetaminophen) dose is calculated by weight.

My child's **current weight** is _____

Middle/High School Students: receive the standard recommended dose of 1-2 tablets of regular strength (325 mg/tab) of Tylenol (acetaminophen)

- I give permission to the School Nurse to administer Tylenol (acetaminophen) to my child, _____, according to the established policy
(student's name)
- I give permission to the School Nurse to share with appropriate school personnel, information relative to medication administration, indications, side effects, etc. as necessary for my son/daughter's health & safety
- I understand that the School Nurse must speak directly with a parent/guardian prior to each Tylenol (acetaminophen) administration.
- I understand that Tylenol (acetaminophen) will be administered by the nurse and that it will not be available on field trips.

Parent/Guardian Signature _____ Date: _____

* Acetaminophen is the generic name for Tylenol