

Tylenol Permission Form

The PA Dept. of Health requires that schools have a doctor's signature in order to administer any over-the-counter medicine to a student. This includes Children's Tylenol or ibuprofen and Adult Tylenol or ibuprofen.

It is extremely important that we have this formed signed by the doctor for each student. We are not authorized to administer Tylenol or ibuprofen without the doctor's signature. A parent may come in to the school to administer medicine to their child.

Please return this form as soon as possible. Doctors may also fax this form to us at 570-753-5728.

Student's Name _____ Grade _____ may take:

Children's Tylenol - dosage amount: _____

Children's Ibuprofen - dosage amount : _____

Adult Tylenol - dosage amount: _____

Adult Ibuprofen - dosage amount: _____

My child has my permission to receive Tylenol or ibuprofen when needed as directed by our physician.

(parent signature)

Doctor's Signature _____

Doctor's Printed Name _____ Phone Number _____

Office Address _____