



**NORTH MIDDLESEX REGIONAL HIGH SCHOOL**

19 Main Street

Townsend, MA 01469

Ph: 978-597-8721 • Fax: 978-597-0350

## **TYLENOL (Acetaminophen) PERMISSION FORM**

**Tylenol may be administered by a School Nurse in the NMRSD under the following restrictions:**

**A. Reason for receiving Tylenol is limited to:**

- 1. occasional headaches without fever (<100F)**
- 2. orthodontic pain**
- 3. menstrual cramps**

**B. LIMITATIONS: Tylenol can only be given for five (5) days in any two (2) week period, and cannot exceed one (1) dose per day. Dose 160mg – 650mg; according to weight and age of student.**

**C. Tylenol cannot be given without written parental permission.**

**STUDENT'S NAME:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

\_\_\_\_\_ **My child can swallow medication.**

\_\_\_\_\_ **My child requires chewable tablets (parent must provide chewables).**

**PARENT POWER OF ATTORNEY: I give the School Nurse permission to administer Tylenol (Acetaminophen) to my child within the appropriate "LIMITATIONS" listed above.**

**I understand that if my child requires more than the above "LIMITATIONS", that Tylenol administration will no longer fall under the guidelines of this policy and that an official physician's order will be required.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_