

\_\_\_\_\_  
AUTHORIZATION FOR THE ADMINISTRATION OF TYLENOL SUBSTITUTES &  
IBUPROFEN

The state laws and regulations permit boards of education and schools to accept requests from parents/guardians to give Tylenol substitutes (acetaminophen) or ibuprofen to a student. In such cases, **the order of a licensed physician or dentist is also required.** A physician must complete the bold portion of this form and the parent must complete the other portions.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Reason Medication is given:** \_\_\_\_\_

**\*Name of Medication** (i.e. Tylenol, ibuprofen): \_\_\_\_\_

**Amount and Frequency:** \_\_\_\_\_

**Medication to be administered from** \_\_\_\_\_ **to** \_\_\_\_\_  
(Date) (Date)

**\*Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

\_\_\_\_\_ I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with the state regulations. I understand that a Tylenol substitute & Ibuprofen is supplied by the school but children's Tylenol & ibuprofen products must be supplied by the parent and sent to school with the medication in the original container and properly labeled. I understand this medication will be destroyed if it is not picked up within one week beyond the close of the school year. **I also understand a new form must be completed for each school year.**

**\*Signature of Parent/Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_