
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: _____