Portland Public Schools
Permission to Give Tylenol

Student Name: _____ Date: _____

School: _____ Grade: _____

I give the school nurse permission to administer Acetaminophen (Tylenol) and/or Ibuprofen (Advil) to my child. I understand this will be logged and monitored. In the event that the nurse is not in the building, the secretary and/or other trained personnel may administer the above medications.

Parent's Signature: _____ Daytime Phone #: _____

Nurse's Signature: _____ Date: _____

Amount to be given:

Date	**Time**	**Reason for medication** (headache, menses, braces, ect)	**Signature**