

**DANBURY PUBLIC SCHOOLS  
HEALTH SERVICES  
2015-2016 SCHOOL YEAR**

**Tylenol Permission Form**

I give permission for \_\_\_\_\_ Grade: \_\_\_\_\_  
(print name of child)

to receive Acetaminophen, (Tylenol), according to the standing order from Dr. Fong, the district Medical Advisor. Your child may receive Acetaminophen, (Tylenol) for the following:

1. A temperature of 101 degrees or above, the parent has been called, and/or if the parent will be delayed for an hour or more in picking up the child.
2. Other conditions for which Acetaminophen, (Tylenol), may be administered are:  
Headache, menstrual cramps, or a painful injury.

Parent/Guardian Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child is allergic to \_\_\_\_\_  
(Any Food or Drug)

Teacher: \_\_\_\_\_

**Please note that regardless of administration of Tylenol, your child may need to be dismissed from school at the discretion of your school nurse.**