East Hartford Public Schools
Division of Pupil Personnel Services

Health Department

Tylenol or Advil Permission Form

State law and East Hartford Board of Education Policy allow school nurses to dispense Tylenol or Advil with the standing order of the School Physician. With parent permission, your child may be given Tylenol or Advil or their generic or brand name equivalents. If you wish your child to be given medication for headache without fever, menstrual cramps, or dental pain under treatment, please complete and sign below.

Students Name: _____ Grade: _____

Preferred Medication:
Tylenol or Advil

Dosage to be given:
One tab_____Two tabs_____
Equivalent liquid dose

Other Medication this student is taking: _____

Allergies: _____

To my knowledge, my child is not allergic to Tylenol or Advil and he/she has no medical condition for which Tylenol of Advil would be harmful.

Parent Signature: _____

Date:_____

For School Nurse's Use:

Record of Tylenol of Advil Administration

Date	Time	Presenting Problem	Medication	Amount	Nurse's Signature

Date	Time	Presenting Problem	Medication	Amount	Nurse’s Signature