DANBURY NON-PUBLIC SCHOOLS Health Services 2018-2019 School Year

| I give n | ny permission for | | | | |
|----------|---|---|--|--|--|
| | (print nar | ne of child) | | | |
| To rece | ive Acetaminophen (Tylenol) from the scl | nool nurse as prescribed by Dr. Fong, | | | |
| (school | medical advisor) Your child may receive | Tylenol if the following conditions are met. | | | |
| | • | | | | |
| • | If a child's temperature is 101 or higher a | and the parent has been called to pick up the | | | |
| | child. | | | | |
| | | | | | |
| • | Other conditions for which Acetaminoph | en may be administered are headache, an old | | | |
| | painful injury, or menstrual cramps. | , | | | |
| | | | | | |
| Parents | Signature | Phone# | | | |
| | · | | | | |
| My chi | ld is allergic to: | | | | |
| · | (food or drugs) | | | | |
| • | Please note that regardless of administrat | ion of Tylenol your child may need to be | | | |
| | dismissed from school at the discretion of | f your school nurse. | | | |
| | | • | | | |

| Date | Time | Dose | Signature |
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