

LENAPE REGIONAL HIGH SCHOOL DISTRICT MEDICATION FORM

CHEROKEE 856-983-5140 Fax: 856-810-4379 (grades 9 & 10) Fax: 856-810-4378 (grades 11 & 12)	LENAPE 609-654-5111 Fax: 609-714-7808	SENECA 609-268-4600 Fax: 609-268-4635	SEQUOIA 609-268-3700 Fax: 856-983-5143	SHAWNEE 609-654-7544 Fax: 609-654-5611
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PARENT CONSENT FOR ACETAMINOPHEN (TYLENOL) ADMINISTRATION

To be completed by the parent/guardian:

I request that acetaminophen (Tylenol) 650mg every 4 hours or 1000mg every 6 hours be given orally as needed for pain or fever to my child/ward _____
(STUDENT'S NAME)
for the school year.

Administration of this medication is at the nurse's discretion and may not exceed two consecutive days.

I acknowledge that the school district and its employees or agents shall incur no liability as a result of administration of this medication to my child/ward.

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

STUDENT'S GRADE: _____