

**ONLY students with parental permission for Tylenol must return this form**

**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)**

**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 **2019/2020**.

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:** \_\_\_\_\_