



GREATER PORTLAND CHRISTIAN SCHOOL

Authorization to Administer Acetaminophen & Ibuprofen

Grades 6-12 ONLY

School Year: _____

Student Name _____ Grade _____

My signature below indicates that my son or daughter (gr. 6-12 only) has my informed consent to receive no more than one dose of Acetaminophen or Ibuprofen during a school day as needed for minor discomfort. I understand that usually generic equivalents will be given. Please give:

- Acetaminophen** (Tylenol) 500mg 1 tablet 2 tablets or
Ibuprofen (Advil, Motrin) 200mg 1 tablet 2 tablets

Parent/Guardian Signature _____ Date _____

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											