



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 _____

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