

# Matawan-Aberdeen Regional School District (High School and Middle School)

2024-2025 School Year

## Consent Form to Administer Acetaminophen (Tylenol) in School

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Dosage: (Please circle the dose that you would like your child to receive)

**1 pill (325 mg) or 2 pills (650 mg)**

The school nurse has my permission to administer Acetaminophen (Tylenol) to my child during this school year **ONLY** for the following reasons:

(Please indicate with a check next to the reason(s) acetaminophen (Tylenol) can be given to your child):

HEADACHE \_\_\_\_\_  
ORTHODONTIC DISCOMFORT \_\_\_\_\_  
DYSMENORRHEA (painful period) \_\_\_\_\_

I understand, with my **written permission on this form**, that my child may be given acetaminophen (Tylenol) once a day at school **ONLY** for the above reason(s). If my child presents with other symptoms during that day (i.e. sore throat, stomach ache) and above symptoms checked are included, no medication can be given.

I further understand that if my child has a headache due to an injury to his/her head, then acetaminophen (Tylenol) **cannot** be given.

Acetaminophen (Tylenol) **will not** be given for a temperature of 100 degrees or above.

Acetaminophen (Tylenol) **will not** be given the first or the last period of the school day.

Acetaminophen (Tylenol) can only be given by the school nurse **three times in a month**. If your child is going to require acetaminophen (Tylenol) on a regular basis a medical note from your physician is required.

  
MARSD Physician's Signature

6/11/24  
Date Signed

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed