

WALTHAM PUBLIC SCHOOLS

Middle School

Student: _____

Grade: _____

TYLENOL PERMISSION FORM 2011-2012

Dear Parent/Guardian,

The Waltham Public School's Medication Policy permits nurses to administer Tylenol (Acetaminophen), and Ibuprofen to students in appropriate situations under medical guidelines, **and with your signed consent.**

Tylenol ___yes ___no

Ibuprofen ___yes ___no

Parent's/ Guardian's Signature: _____ Date: _____

HEALTH INFORMATION

Allergies:

- Medication _____
- Food _____
- Insect _____
- Other _____

Current Medications (dose and time): _____

Health Problems: Please check any that may apply

- | | |
|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Depression/Mental Health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Head Injury/Concussion | Other _____ |

Any injury, illness or surgery in the past year: _____

Physician Name: _____ Physician Phone: _____

Dentist Name: _____ Dentist Phone: _____