Trinity Lutheran School

"Tylenol Waiver"

From time to time, a student may develop a headache or other pain during the day and request an aspirin. Without specific parental permission we are not permitted to dispense such medication. Sometimes, we are not able to contact a parent. You may, however, indicate your wishes below. (Check all that apply). You must supply your child's medication.

____   I give permission for the school, upon request, to give my child <u>one</u> dosage of chewable children's Tylenol during a given school day.

____   I give permission for the school, upon request, to give my child <u>one</u> dosage of chewable junior strength Tylenol during a given day.

____   I give permission for the school, upon request, to give my child <u>one</u> dosage of regular strength Tylenol during a given school day.

____   I give permission for the school, upon request, to give my child <u>one</u> dosage of extra-strength Tylenol during a given school day.

Date _____ Student Name_____ Age _____

Signed _____
            Parent or Legal Guardian

6/26/2017

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