

MENOMINEE CATHOLIC CENTRAL

AUTHORIZATION TO DISPENSE TYLENOL

Student: _____ Grade: _____ Date of Birth: _____

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Physician: _____ Hospital/Clinic: _____

Physician Phone: _____

Name of Medication: _____ TYLENOL _____

Dosage Instruction: _____

Length of time medication is given: _____ as needed

I authorize my child's teacher, principal or school secretary to give the above medication to my child. I will not hold the school personnel liable for any reaction that my child may have from the medication.

I will notify the school when any change to the above is necessary.

PLEASE NOTE: All medication, (Tylenol etc.), must be in the original container.

Parent/Guardian Signature: _____ Date: _____