

DeKalb Community Unit School District #428

Serving the DeKalb, Cortland, and Malta Communities

901 S. Fourth Street
DeKalb, IL 60115

(815) 754-2350
FAX (815) 758-6933

Middle School and High School Tylenol Consent Form

Name _____ Date of Birth _____

School _____ Grade _____

Medication Allergies/Sensitivities _____

List any long-term medication your child receives _____

Medical/Health Problems _____

I give permission for my child, _____, to receive Tylenol 325 mg (or its equivalent) 1 or 2 tablets for discomfort. I understand that this medication would only be given if deemed necessary.

School-administration Tylenol is intended for occasional use only. If your child requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from your health care provider and supply the medication.

If you have any questions or would like further information, please contact your school nurse.

Signature of Parent/Guardian _____ Signature of Eligible Student _____ Date _____

Home Phone # _____

Work/Emergency # _____