

Over the counter medication permission slip

I give permission for the following students to take children's chewable acetaminophen(tylenol) based on age/weight, adult strength tylenol(325 mg), or generic ibuprofen(200 mg) tabs if needed.

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Parent/Guardian signature: _____ **Date:** _____

Any current health concerns that we need to be aware of: _____
