



Dear parents,

If you would like for your child to have permission to take over the counter Tylenol or Advil for pain relief at school please sign below and return the bottom portion to school. Indicate which you prefer or check both if you do not have a preference.

Tylenol and Advil will be kept at school by Mrs. Hill and dispensed by her, with your permission as directed, to your child. You will receive notification either by phone, text, or email that the medication has been given and the time it was given.

Please do not allow your child to bring medication to school. If you prefer a different brand of medication for minor pain relief you may contact the office and we will keep it for your child.

Feel free to contact the school with any questions.

I _____ give permission to dispense ____Tylenol or
(print parent name)

____Advil to my child _____.
(print child's name)

Please indicate the weight of your child ____ lbs.

Parent Signature

Date