Flagstaff Unified School District #1 Health Services

Consent for Administration of Acetaminophen (non-aspirin Tylenol)

This form must be on file in the Health Office if you want your child medicated during the school day.

Dear Parent/Guardian:

Occasionally, your child may benefit from an oral dose of <u>acetaminophen (non-aspirin)</u> during the school day for the relief fever or pain. The school nurse maintains a limited supply of this medication. If your child needs this medication for an extended period of time, please bring a supply to the health office in the original container. Please sign the consent which will allow administration of <u>acetaminophen</u> after an assessment of the health problem.

Student Name:	DOB:		Allergy:				
School:	Grade:	Teacher:					
I authorize the school nurse or designated staff to be my agent and administer to my child:							
Acetaminophen (check the dosage desired)							
Signature of Parent/Guardian		Date					
Home Phone:		Cell Phone:					

This consent is good for one year from the date of signature.

Unlicensed Assistive Personnel Documentation Form

Date	Time	Acetaminophen	Dose	UAP Signature	Comments