

Averill Park High School

2020/2021 School Year

Date\_\_\_\_\_

I give permission for the school nurse to give  
Tylenol\_\_\_\_\_ or  
Ibuprofen\_\_\_\_\_ to  
my son or daughter\_\_\_\_\_

in grade\_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Parent/Guardian

(A new permission slip needs to be filled out every school year for each student. **If this is not filled out and returned to the nurse's office, your child will not be able to receive either medication until form is returned.**)