By Averill Park High School

2023/2024 School Year

**A new permission slip needs to be filled out every school year for each student**.

Date\_\_\_\_\_\_\_\_\_

I give permission for the school nurse to give

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the medication and the amount to be given**

Tylenol 325mg per pill- 1 tab or 2 tabs

Ibuprofen 200mg per pill- 1 tab or 2 tabs

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Per our school medical director verbal permission is no longer able to be accepted. If this is not filled out and returned to the nurse's office, your child will not be able to receive either medication until it is returned.**