



THE BRIDGE ACADEMY

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www.banj.org

TYLENOL (Acetaminophen) ADMINISTRATION FORM

Student _____

Date of Birth _____

PARENTAL REQUEST

I give permission for the administration of Tylenol (Acetaminophen) to the above named student.

Signature of Parent

Date

PHYSICIAN'S STATEMENT

I hereby request the above named student be administered the following medication.

MEDICATION: Tylenol (Acetaminophen)

DIAGNOSIS: Pain or Fever

DOSAGE: As per package directions

TIME to be ADMINISTERED: Every 4 hours, (PRN)

PURPOSE of MEDICATION: Alleviate pain or Reduce Fever

POTENTIAL SIDE EFFECTS: None

DATE to BEGIN/CONCLUDE: 2017-2018 School Year (9/1/17-6/30/18)

Signature of Physician

Print Physician's Name

Date 9/1/17

Address

Phone