

# DeKalb Community Unit School District #428

*Serving the DeKalb, Cortland, and Malta Communities*

901 S. Fourth Street  
DeKalb, IL 60115

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## Middle School and High School Tylenol Consent Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Medication Allergies/Sensitivities \_\_\_\_\_

List any long-term medication your child receives \_\_\_\_\_

Medical/Health Problems \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to receive Tylenol 325 mg (or its equivalent) 1 or 2 tablets for discomfort. I understand that this medication would only be given if deemed necessary.

School-administration Tylenol is intended for occasional use only. If your child requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from your health care provider and supply the medication.

If you have any questions or would like further information, please contact your school nurse.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Eligible Student

\_\_\_\_\_  
Date

Home Phone # \_\_\_\_\_

Work/Emergency # \_\_\_\_\_