

**ACETAMINOPHEN/IBUPROFEN/BENADRYL CONSENT FORM**

Dear Parents:

This consent form must be completed and returned in order for your child to receive Acetaminophen and or Ibuprofen during school hours.

\_\_\_\_\_\_\_ I give permission for the following student to receive **Acetaminophen** at school

 as needed in accordance with the manufacturer’s recommendations as to use.

\_\_\_\_\_\_\_I give permission for the following student to receive **Ibuprofen** at school as needed

 in accordance with the manufacturer’s recommendations as to use.

\_\_\_\_\_\_\_ I give permission for the following student to receive **Benadryl** at school

 as needed in accordance with the manufacturer’s recommendations as to use.

\_\_\_\_\_\_\_I do not give permission for the following student to receive **any medication** at school.

(A medication notification will be sent via email once one of the above medications is given.)

Pupil Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Parent or Guardian Signature)

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

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

If you wish to change your child’s status in the future, you will need to notify the school office.