



THE BRIDGE ACADEMY

1958-B Lawrenceville Road
Lawrenceville, NJ 08648
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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/Guardian

Date

PHYSICIAN'S STATEMENT

In order to protect the health of the above named patient it is necessary for him/her to have the following medication during school hours.

DIAGNOSIS: Pain or Fever

MEDICATION: Regular Tylenol (Acetaminophen) or Children's Strength Tylenol

DOSAGE: As per package directions

TIME TO BE ADMINISTERED: Every 4 hours (PRN)

PURPOSE OF MEDICATION: Alleviate pain or reduce fever

POTENTIAL SIDE EFFECTS:

DATE TO BEGIN/CONCLUDE:

Signature of Physician

Dr. Glenn Palsky
Print Physician's Name

9/1/2019-6/31/2020
Date

Delaware Valley Pediatric Associates, PA

132 Franklin Corner Road Lawrenceville, N.J. 08648

Phone: (609) 896-4141