



THE BRIDGE ACADEMY

1958-B Lawrenceville Road
Lawrenceville, NJ 08648
Phone: 609-844-0770 Fax: 609-844-0773
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: As Per Manufacturer Package Insert

DATE to BEGIN/CONCLUDE: 2019- 2020 School Year (9/1/19-6/30/20)

Signature of Physician

Print Physician's Name

Date

Address

Phone