



**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

\_\_\_\_\_  
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: 2024 - 2025 School Year (9/1/2024 - 6/30/2025)

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone