



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

Glenn Palsky MD  
Signature of Physician

GLENN PALSKY  
Print Physician's Name

9/3/24  
Date

651 FRIAR DR, YARDLEY, PA 19067  
Address

267-394-0245  
Phone