



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:

DATE to BEGIN/CONCLUDE: 2025 - 2026 School Year

Glenn S. Palsky MD GLENN S. PALSKY 9/1/2025
Signature of Physician Print Physician's Name Date

651 FRIAR DR YARBUCK, PA 19067 267-394-0245
Address Phone