



THE BRIDGE ACADEMY

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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: 2026 - 2027 School Year (9/01/2026 - 6/30/2027)

Signature of Physician

Print Physician's Name

Date

Address

Phone