

**KNOXVILLE COMMUNITY SCHOOL DISTRICT
Tylenol Consent (Grades 6-12 only)**

Student Name: _____ Grade (fall 2019): _____

Date of birth: _____ Today's date: _____

Allergies to medications? YES or NO (if yes, list: _____)

I hereby authorize school personnel to administer oral Acetaminophen (Tylenol) to my child for minor aches/pains and headaches per bottle dosing instructions. I am aware of a limit of 10 doses per school year.

Parent name (print): _____

Parent signature: _____

Parent phone number: _____

<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Signature</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____