

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF NON-PRESCRIPTION MEDICATION TO STUDENTS
NAMELY TYLENOL OR IBUPROFEN**
Board Policy 507.02

March 2010

The undersigned are the parent(s), guardians(s) or person(s) responsible for

_____ Student's Name (Last, First, Middle)

_____ Grade

Attendance Center:

George Elementary Little Rock Elementary G-LR Middle School G-LR High School

Tylenol Ibuprofen _____ Dosage/mg.

Beginning on _____ and continuing through _____
Date Date

Special Instructions to Medication Administrator

Person(s) authorized to administrator medication: _____

_____ Parent/Guardian (PRINT NAME)

_____ Date

_____ Parent/Guardian (SIGNATURE)

_____ Home Phone

_____ Alternate Phone Number