ADMINISTRATION OF ACETAMINOPHEN

I give permission for _____ grade_____

to receive the age/weight appropriate dose of Acetaminophen at the discretion of the nurse.

_____
Parent/Guardian Signature - Date

Date	Time	Administered by:	Acetaminophen 1 or 2

*Must be renewed yearly

North Hills School District

Procedure for Administering Medication at School

It is required by the North Hills School District that the attending physician complete this form for any medication to be given during school hours.

_____ _____ _____
Student's Name Grade Date

_____
Medication and Dosage

_____ Date _____ to _____ Date
Time Given Duration of Medication

_____
Condition for which Medication is Prescribed

_____
Possible Side Effects

_____
Physician's Signature Physician's Phone Number

I agree that the North Hills School District and School District personnel shall not be held responsible for any untoward effects of this medication.

_____
Signature of Parent or Guardian

_____
Daytime phone number

_____
Date

Please send the medication to school in the prescription bottle. Return this form to:

_____
School Nurse Phone Number

School Year _____ to _____