**RIVERDALE PUBLIC SCHOOL DISTRICT**

**52 NEWARK POMPTON TURNPIKE RIVERDALE, NEW JERSEY 07457**

**AUTHORIZATION FOR TYLENOL/IBUPROFEN TO BE TAKEN DURING SCHOOL HOURS**

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that my child be allowed to take **Tylenol/Ibuprofen,** at school, to be administered by the school nurse. (I understand that the district shall bear no liability as a result of any injury arising from the administration of prescribed medicine to this pupil and further acknowledge that I shall indemnify and hold harmless the district, its employees or agents against any claims arising out of the administration of the prescribed medicine.)

Please check specific medication and indicate dose.

\_\_\_\_\_ Tylenol \_\_\_\_\_\_\_\_\_mg (Dose)

\_\_\_\_\_Ibuprofen \_\_\_\_\_\_\_\_\_mg (Dose)

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**Parent/Guardian Signature Date**