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ARCHBISHOP DAMIANO SCHOOL

Making a difference in the lives of our students

RELEASE FOR ADMINISTERING TYLENOL

SCHOOL YEAR 2021 - 2022

This form needs to be completely filled in by you as well as your child's doctor. This ensures that when your child does not feel well the school nurse can give Tylenol as soon as possible.

I hereby give permission for my child _____ to receive Tylenol or Tylenol like medication during school hours as prescribed by his/her physician.

Parent/
Guardian Signature: _____ Date: _____

Form must include dose, route, time, frequency and be signed by your child's physician in order for the nurse to administer this medication.

PHYSICIAN'S WRITTEN ORDERS FOR TYLENOL

Student's Name: _____
 Dosage & Frequency: _____ Route: _____

Reason for Administration: _____

- Check (☑):
- Pain _____
 - Discomfort: _____
 - Temperature of _____ Degrees _____

Physician's Signature: _____ Date: _____

Physician's Name
PRINTED: _____

Address: _____

Telephone Number: _____