



HOLY MARTYRS A.R.S. ASHKHEN PILAVJIAN PRESCHOOL
16617 Parthenia Street North Hills, CA 91343
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2018-2019 School Year
CONSENT TO ADMINISTER CHILDREN'S TYLENOL/CHILDREN'S ACETAMINOPHEN
(Must be completed by the Parent & the Physician)

It is the parent's responsibility to maintain an adequate supply of medication, and to inform the School of changes in dosage, frequency of administration, or discontinuance of medication. Any changes in dosage or frequency of administration must be accompanied by a doctor's note setting forth the changes.

The School can assume no liability for injury or death to a student in the event that parent(s) elect to have a School official administer medication to the student. The School may at its discretion decline to administer medication to a student.

Parent Permission (Consent form) for Children's Tylenol/Children's Acetaminophen Administration

Child's Full Name _____ Group _____

I hereby grant permission to **Holy Martyrs ARS Ashkhen Pilavjian Preschool** to give my child **Children's Tylenol/Children's Acetaminophen**.

Reason: Fever above 101°F _____ Body ache _____
Other _____

Signature of Parent/Guardian _____ Date _____

Physician's Order to Administer Children's Tylenol/Children's Acetaminophen (Oral Suspension Ages 2-11)

Child's Full Name _____ Date _____

Address _____ Birthdate _____

Name of drug **Children's Tylenol / Children's Acetaminophen** (Oral suspension 5 ml =1 tsp. 160 mg acetaminophen)

Dosage _____

Condition for which **Children's Tylenol/Children's Acetaminophen** should be given _____

Relevant side effects to be observed _____

Other suggestions _____

Length of time during which medication shall be given - From _____ To _____

Physician's Signature _____ Date _____

Physician's Phone # _____