



**HOLY MARTYRS A.R.S. ASHKHEN PILAVJIAN PRESCHOOL**  
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[www.armenianpreschool.org](http://www.armenianpreschool.org)

**2017-2018 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 \_\_\_\_\_ Birth date \_\_\_\_\_

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 # \_\_\_\_\_