

Sept. 7, 2008

Dear Parents and Guardians,

There are times when Tylenol or Motrin may be appropriate to relieve mild pain (such as a headache, toothache, or cramps), so that a child may return to their school work. We would like your permission to give Tylenol or Motrin in school when such an occasion occurs. Before it will be administered we will ask your child about his or her symptoms. We will speak with them about the cause of the problem and the use of medicines. Medication will not be our first and only treatment. Only one dose of Tylenol or Motrin will be given during the school day if deemed necessary. If your child's pain becomes worse, or reoccurs, we will contact you and make a referral for follow-up treatment.

If you wish to have your child receive Tylenol or Motrin in school, please fill out the history and consent form below and return.

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Name of  
Child \_\_\_\_\_ Room \_\_\_\_\_

1. Is there any reason why your child should not receive Tylenol or Motrin?

- A. Is your child allergic to Tylenol or Motrin? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Does your child have a history of liver disease Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Does your child have nasal polyps? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Does your child have a history of a bleeding disorder? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Does your child have gastrointestinal disorders Yes \_\_\_\_\_ No \_\_\_\_\_

2. I give my child permission to receive Tylenol or Motrin in school.

Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

Thank You,

Deborah McManus R.N.

