

School Health Office Magnolia Public School

Name of Student _____

I give my child permission to receive the following medication during the school day:

Tylenol

Dosing in accordance with the established proper dosing per manufacturers (weight based) unless otherwise specified by parent/guardian:

Student's medical problems _____

Student's allergies _____

Parent Signature _____

Any questions or concerns please contact the School Nurse.

Thank you,

School Nurse