2026-2027
Key School
Advil and Tylenol Administration Form

Student Name: _____ Grade: _____ Medication Allergies: _____

Advil and Tylenol are kept in the nurse's office. Please check below which you grant the school nurse, or trained staff, permission to administer as needed for your student. You may select either or both; you may also select for your child to not receive by selecting "none." The correct dose will be administered per manufacturer's guidelines and instructions. Pediatric and adult doses will be available.

☐ Advil

☐ Tylenol

OR

☐ NONE. I do not want my child to be administered as needed Advil or Tylenol by the school nurse, or trained staff, while in school. If my child were to need this, I will come to the school and administer.

I hereby request and authorize the school nurse, or her designee, to administer the above medication(s) to my child and I release school personnel from liability should adverse reactions or injury result from the administration of the medication.

Parent/Guardian's Signature: _____ **Date:** _____

Relationship to student: _____

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