

**Independence Charter School (ICS)
School Nurse's Office
1600 Lombard Street
Philadelphia, PA 19146
215-238-8000 x2232**

Tylenol/Advil Parental Permission Form for 2011-2012 School Year*

The ICS school nurse is allowed to give your child Tylenol or Advil under the following conditions:

1. The parent/guardian must indicate that s/he has read the consent and give permission for the nurse to give Tylenol or Advil.
2. The child named below must have taken Tylenol **and** Advil previously and not had any adverse allergic reaction.
3. Tylenol and/or Advil will not be administered during the first or last period of the school day.
4. Tylenol or Advil can be administered for headaches, cramps, toothaches and other conditions causing pain. These medications will not be administered following a head injury, during pregnancy or to control fever.
5. The nurse may give only one dose of Tylenol or Advil during any one school day.

If you have read the above information and want to give consent for the school nurse to administer Tylenol or Advil to your child, please complete the information below and send the completed form back to the school nurse. **ICS will not accept faxed permission forms; you must send the original form back to the nurse.** *If you do not want to give permission, you can recycle this notice.*

CHILD's FULL NAME (Printed)_____

Grade_____ Teacher's Name_____

Yes, I have read the above conditions and am allowing the ICS school nurse to administer Tylenol/Advil to my child if needed during the school day.

Parent/Guardian's Name (Printed)_____

Parent/Guardian's Signature_____

Emergency Contact #_____ Date_____

*If granted, permission is for the 2011-2012 school year only.