

Authorization For The Administration of Aspirin Like Substitute

To be used only for Parental/Guardian Requests for aspirin like substitute (Acetaminophen) without, a physician/dentist order. The state law and regulations permit boards of education and schools to accept requests from parents/guardians to give an aspirin like substitute (acetaminophen) to a student. In such cases the order of a licensed physician or dentist is not required.

Information provided by parent/guardian:

Name of Student: _____ Date of Request: _____

Address: _____ Date of Birth: _____

Town: _____

Reason medication is to be given: _____

Name of Medication: _____

Amount and Frequency: _____

Time of Administration: _____

Medication to be administrated from: _____ to _____
(date) (date)

I hereby request that the medication listed above be administered to my child by the appropriate school personnel and in accordance with state regulations. Name of

Child: _____

Relationship to Child: _____

Signature: _____ Date: _____

Address: _____ Phone: _____