

Child #1

My child, _____, may be given a Tylenol in the Assumption School Office if necessary.

[These will be given according to package directions unless you specify differently.]

My choice for my child is:

Children's Strength
(ages 2-11)

Junior Strength
(ages 6-12)

Adult Strength
1 Tablet will be given

Child #2

My child, _____, may be given a Tylenol in the Assumption School Office if necessary.

[These will be given according to package directions unless you specify differently.]

My choice for my child is:

Children's Strength
(ages 2-11)

Junior Strength
(ages 6-12)

Adult Strength
1 Tablet will be given

Child #3

My child, _____, may be given a Tylenol in the Assumption School Office if necessary.

[These will be given according to package directions unless you specify differently.]

My choice for my child is:

Children's Strength
(ages 2-11)

Junior Strength
(ages 6-12)

Adult Strength
1 Tablet will be given

Child #4

My child, _____, may be given a Tylenol in the Assumption School Office if necessary.

[These will be given according to package directions unless you specify differently.]

My choice for my child is:

Children's Strength
(ages 2-11)

Junior Strength
(ages 6-12)

Adult Strength
1 Tablet will be given

► Comments: _____

Parent Signature

Date

