

CANTON PUBLIC SCHOOLS HEALTH SERVICES

WRITTEN PARENT/GUARDIAN CONSENT AND PLAN FOR ADMINISTRATION OF ACETAMINOPHEN (TYLENOL)

I give permission to the school nurse to give ACETAMINOPHEN to my child in accordance with the Canton School Department and Massachusetts Board of Registration in Nursing protocol. *

STUDENT _____ Grade _____

STUDENT'S DATE OF BIRTH _____ (Weight if below 94 lbs.) _____

DOSE: As per protocol; Every 4 hours as needed DIAGNOSIS: Mild Pain

SIDE EFFECTS: Severe liver damage with toxic doses, possible rash, hives

REQUIRED STORAGE CONDITIONS: Medication cabinet in School Health Office

LOCATION OF MEDICATION ADMINISTRATION: School Health Office

MEDICATION RECEIVED FROM PARENT: (Circle one) School Supply or Home Supply

Name of Medication: _____ Quantity received: _____ Exp.date: _____

OTHER MEDICATIONS CURRENTLY TAKING: _____

PLAN FOR FIELD TRIP: Not needed unless requested by parent

PLAN FOR MONITORING MEDICATION: Student to return to nurse if needed

OTHER SPECIFIC DIRECTIONS: _____

FOOD/DRUG ALLERGIES: _____

PARENT/GUARDIAN HOME AND WORK NUMBERS: See emergency forms on file.

Canton Public Schools require that the parent/guardian receive notification after 10 doses of acetaminophen have been administered during the school year. Please indicate the preferred method of communication.

Phone: _____ email: _____ Letter: _____

*According to Massachusetts laws governing the administration of medication in schools, school nurses cannot medicate a child without written parental permission and a written medication administration plan.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ SCHOOL YEAR: 200_____ to 200_____

SCHOOL NURSE SIGNATURE: _____