



30 Years of Nurturing & Educating Future Generations
St. Mary's Armenian Apostolic Church . Richard Tufenkian Armenian Pre-School
Ս. Աստուածածին Հայոց Առաք. Եկեղեցի . Ռիչըրդ Բուֆենկեան Ազգային Մանկամայր
1200 East Carlton Dr. Glendale, CA 91205 . T 818. 240. 7030 F 818. 240. 1520

**Physician's Signature Required
This form must be returned by First Day of School**

(Must be completed by the parent & the physician)

**Parent Permission (Consent Form) For Administration Of
Acetaminophen (A Generic Brand Of Tylenol)**

Child's Name: _____ Group: _____

I hereby grant permission to **St. Mary's Richard Tufenkian Pre-School** to give my child **Acetaminophen (A generic Brand of Tylenol)**.

Reason: Fever above 101° _____ Body ache _____
Other: _____

Signature of parent/guardian: _____ Date: _____

**Physician's Order To Administer Acetaminophen
(A Generic Brand of Tylenol)**

To be completed if the medication is not labeled with the child's name, name of the drug, physician name and directions.

Child's Name: _____ Date: _____

Address: _____ Birth date: _____

Name of drug: **Acetaminophen** Dosage: _____

Condition for which **Acetaminophen** should be given: _____

Relevant side effects to be observed: _____

Other suggestions: _____

Length of time during which medication shall be given:

From: _____ To: _____

Doctor's Signature: _____ Date: _____

Doctor's Office Phone: _____