



Years of Nurturing & Educating Future Generations

St. Mary's Armenian Apostolic Church . *Richard Tufenkian Armenian Pre-School*

Ս. Աստուածածին Հայր. Առաքելական Եկեղեցի . ՌԻՉԱՐԴՏ ԹԻՒՖԵՆԿԻԱՆ ԱԶԳԱՅԻՆ ՄԱՆԿԱՄԱՍՈՒՐ

1200 East Carlton Drive, Glendale, California 91205 . T 818.240.7030 . F 818.240.1520

Physician's Signature Required
This form must be returned by September.

(Must be completed by the parent & the physician)

Parent Permission (Consent Form) For TYLENOL Administration

Child's Name: _____ Group: _____

I hereby grant permission to **St. Mary's Richard Tufenkian Pre-School** to give my child **Tylenol**.

Reason: Fever above 101° _____ Body ache _____

Other: _____

Signature of parent/guardian: _____ Date: _____

Physician's Order To Administer 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: **Tylenol** Dosage: _____

Condition for which **Tylenol** 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: _____



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