

**EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT
Department of Student Health Services**

ACETAMINOPHEN FORM

**Michelle Filipkowski, RN
9-10 Nurse
784-4441, ext. 1250**

**Cathy D'Ascenzo, RN
11-12 Nurse
784-4441, ext. 1136**

Date: _____

Grade: _____

**I give permission for _____
(Student)**

**to be given Acetaminophen (Tylenol) for the usual reasons: headache, cold,
muscle aches, menstrual cramps, etc. by the school nurse.**

**Parent/Guardian: _____
(Signature)**

(Print)

SCHOOL YEAR: