Davis County Community Schools	STUDENT HEALTH SERVICES 641-664-2200 ext 1120
Date:	Time:
Student:	<u>Teacher:</u>
Reason:	Nurse Note:
	Nurse:
This year's registration information indicated permission for Acetaminophen(Tylenol) or Ibuprofen(Motrin, Advil) to be given at school when needed. Your child received the following medication at AM/PM 325 mg Acetaminophen 200 mg. Ibuprofen 500 mg Acetaminophen tsp Liquid Ibuprofen(100 mg/tsp) tsp Liquid Acetaminophen(160 mg/tsp) Other:	
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<u>Date:</u>	Time:
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