

<u>Date:</u>	<u>Time:</u>
<u>Student:</u>	<u>Teacher:</u>
<u>Reason:</u>	<u>Nurse Note:</u>
	<u>Nurse:</u>

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:

<u>Date:</u>	<u>Time:</u>
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