DATE____________

STUDENT NAME_________________________________ Homeroom________

Completion of this consent form gives the Corpus Christi school nurses written
permission to administer medication to your child. Please be assured we will still call
you to make you aware of your child’s condition. We are asking that you please fill out a
separate form for each student indicating whether or not you give permission for the
administration of generic Tylenol and Advil. As per North Penn policy, children in
PreK-6th grade may only receive generic Tylenol. If your PreK-6th grade child has a
specific need at a certain point and needs to receive generic Advil, a note would need
to be sent to school. The duration of the med can not exceed three weeks. We have
also added cough drops to the permission form this year.

Maria Riccio and Beth Williamson
CCS School Nurses

My child may receive:
    Acetaminophen (Tylenol)____
    Ibuprofen (Advil)____

Parent/Guardian Signature________________________     Date____________