

**METAMORA TOWNSHIP HIGH SCHOOL
101 W. MADISON
METAMORA, ILLINOIS 61548
(309) 367-4151 Telephone
(309) 367-4351 Fax**

**PERMISSION FORM FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

In order for a student to be given Acetaminophen or Ibuprofen during the school day, the permission form below must be completed by the parent/guardian.

I give permission for _____ to be

(Please print student's name)

given the following medication(s) according to the directions on the manufacturer's label.

Tylenol (Acetaminophen) Yes or No

Advil (Ibuprofen) Yes or No

I understand this form expires at the end of the school year, and a new form must be completed at the beginning of the new school year.

Parent/Guardian Signature

Date

Freshman

Sophomore

Junior

Senior