

Ben Franklin Classical Charter Public School

2009 - 2010

I hereby authorize the B.F.C.C.P.S. nurse to administer Tylenol as deemed necessary for my child /Children for the appropriate management of headaches, fever reduction and /or pain relief.

<u>Child's Name</u>	<u>Grade</u>
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1.

2.

3.

4.

5.

Parent and/or Guardian's Signature

Date