

**TYLENOL/MOTRIN PERMISSION FORM**

Complete one form per family

**Student's Last Name**

**First Name**

**Grade**

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**Choose One**

**I ALLOW Tylenol/Motrin for my child/ren**  
Physician's signature and stamp also  
required below

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Parent Signature  
Date: \_\_\_\_\_

OR

**I DO NOT permit Tylenol/Motrin for my  
child(ren)**

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Parent Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Physician Name (Please print)**

\_\_\_\_\_  
**Physician Signature**

Date: \_\_\_\_\_



**Tylenol/Motrin will not be  
given if the physician has  
not stamped and signed  
this form.**

**PHYSICIAN'S STAMP**

(Physician must stamp form.)

Empty box for the physician's stamp.