

## **Benjamin Franklin Classical Charter Public School**

I hereby authorize the BFCCPS School Nurse to administer the following medication(s) to my child(ren), to manage fever and/or pain:

Student's Name	Grade	acetaminophen (Tylenol)	ibuprofen (Advil, Motrin)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>


\_\_\_\_\_  
Parent and/or Guardian's Signature

\_\_\_\_\_  
Date

\*If you need this document translated please contact the school office.