

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"/> |

Parent and/or Guardian's Signature

Date

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