

# LYONS TOWNSHIP HIGH SCHOOL

---

MR. DAVID C. FRANSON  
Principal

Mr. Kevin Brown, Associate Principal  
North Campus  
100 S. Brainard Ave.  
LaGrange, IL 60525  
(708) 579-6300

M. Therese Nelson, Associate Principal  
South Campus  
4900 S. Willow Springs Rd.  
Western Springs, IL 60558  
(708) 579-6500

## Acetaminophen (Tylenol) Permission Form

2011 - 2012 School Year

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
I.D. Number

\_\_\_\_\_  
Yr. of Graduation

Under the standing order of the Lyons Township High School medical advisor, Acetaminophen may be given to a student with parent's authorization.

**During the school day, and only under the supervision of the certified school nurse,**

*My child has permission to take:*

*Acetaminophen (Tylenol) 325mg 1-2 tablets*

- Acetaminophen will be administered by mouth for the treatment of mild symptoms such as simple headache, menstrual cramps, toothache, and dental brace discomfort.
- Only one dose will be administered during the school day. If the student symptoms persist, the parent/ guardian will be contacted regarding the necessity of a medical evaluation.

I give Lyons Township High School permission to administer the above medication to my child as needed. No allergy to this medication is presently known. I will notify the school nurse if, at any time in the future, my child should not receive this medication. **This permission is in effect until the end of the school year.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions, please call:  
South Campus Health Office: (708) 579-6531  
North Campus Health Office: (709) 579-6363