



GLOUCESTER CATHOLIC HIGH SCHOOL

333 RIDGEWAY STREET

GLOUCESTER CITY, NEW JERSEY 08030

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TYLENOL ADMINISTRATION

Dear Parent/ Guardian,

Students often complain of headache, muscle aches, colds, menstrual cramps, ect. during school hours and report to the nurse requesting a pain reliever. Students are not permitted to carry or take any pain reliever medications on their own. Please fill out the form below indicating your preference if your student requests a pain reliever from the nurse. This form must be submitted annually. For administration of any other medications, prescription or over the counter, please refer to the GCHS handbook.

To: School Nurse

I am aware that my son/daughter may request a pain reliever for complaints such as headaches, muscle aches, colds, menstrual cramps, ect. I acknowledge that the school and its employees or agents shall incur no liability as the result of any injury arising from the administration or the failure to administer these medications and shall, therefore, indemnify and hold harmless the school and its employees and agents against any claims arising out of the administration of medication or the failure to administer the medications. Your signature also indicates that you have read and comply with the medication policy published in the Student Handbook, and understand the consequences if your child fails to do so.

_____ I request that the GCHS school nurse administer 2 tablets of acetaminophen (Tylenol) 325 mg each, for such complaints for this school year: _____

_____ I DO NOT want Acetaminophen (Tylenol) administered.

Student Name: _____ Grade: _____

Father's Signature/ Date

Mother's Signature/ Date