

Tyl Middle School
166 Chesterfield Road
Oakdale, CT 06370
Health Office

Dear Parent or Guardian:

If you wish your child to receive Acetaminophen (Tylenol), Ibuprofen (Advil or Motrin), cough drops or throat lozenges during the school year, please complete the permission form below and return the entire letter to the Health Office. Please do not bring in Naproxen (Aleve), Aspirin or any combination products such as Midol, Excedrin or multi-symptom cold relievers. These and all other medications require an Authorization to Administer Medication form, which must be signed by your health care provider. All medication must be provided by the parent and delivered to the school by an adult in the original container. Medicines not picked up by the last day of school will be discarded. Please call our office at (860) 848-2519 if you have any questions.

Student's Name _____ Grade _____ Date _____

Acetaminophen (Tylenol) _____ Ibuprofen _____ Throat Lozenges/Cough Drops _____

My child is known to be allergic or sensitive to the following medicines: _____

Parent/Guardian's Signature _____