



# ANDREAN HIGH SCHOOL

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CHRIST IS MY TEACHER

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## Permission to Dispense Aspirin/Tylenol/Ibuprofen

May this student be given Aspirin when needed? \_\_\_ YES \_\_\_ NO      Dosage (if yes) \_\_\_\_\_

May this student be given Tylenol when needed? \_\_\_ YES \_\_\_ NO      Dosage (if yes) \_\_\_\_\_

May this student be given Ibuprofen when needed? \_\_\_ YES \_\_\_ NO      Dosage (if yes) \_\_\_\_\_

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Student Signature & Date

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Print Student Name

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Parent Signature & Date

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Print Parent Name

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