

*Permission for Administration of
Acetaminophen and/or Ibuprofen*

**Montessori Country Day School
2017-2018 School Year**

I/We, _____
hereby give permission for the Montessori Country Day
School to administer (**CIRCLE ONE**)

acetaminophen ibuprofen either none

in the event that my/our child _____
has a fever. If either of these are administered, it will be
documented by the school staff.

Parent Signature: _____

Date: _____

Parents/Guardians must bring all other medication (prescription and non-prescription) to the front desk and document it in the medication log, before it can be administered to the student. Thank you.