

▶ **Manhattan Star Academy**

A member of the YAI network.

Consent for the Administration of an Antipyretic
(Fever reducer)

**Please take this form to your child's pediatrician.
Favor de llevar este documento a médico se su niño/a**

I hereby give consent to the school nurse to administer an antipyretic to
_____ if a temperature of 101° plus occur.

(Child's Name)

Please Specify

Tylenol Dosage: _____

Motrin/Advil Dosage: _____

Physician's Name

Physician's Signature

Date

Address of Physician

Telephone #

Parent/Guardian Signature/Firma de Padre/Guardiano

Date/Fecha

**Foster Care Agency Signature
(If applicable)**

Position

Date