

Tylenol/Motrin Form

My Child _____ may / may not be given Tylenol/Motrin if needed during school hours. I prefer _____ and will provide to Cornerstone Learning Center. A teacher at Cornerstone Learning Center will call you at _____ if it becomes necessary. Please indicate dosage _____ and mark the child's name and dosage on the bottle.

Parent Signature

Thank You,
Cornerstone Learning Center.
