



TYLENOL/ADVIL PERMISSION FORM  
2010-2011

My child, \_\_\_\_\_, has permission to be given Tylenol \_\_\_\_\_

Or Advil \_\_\_\_\_ in the event of injury at a GCS Athletic event or practice.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

How many Tylenol/Advil may your child have at once? \_\_\_\_\_ 1 or \_\_\_\_\_ 2