**CONSENT TO ADMINISTER PAIN RELIEVER/FEVER REDUCER**

When the teacher/staff feels a fever reducer/pain reliever is needed and the parent/guardian cannot be reached, I would prefer my child be given (circle one)

**acetaminophen (Tylenol)** **or** **ibuprofen (Advil)**

PARENT/GUARDIAN SIGNATURE DATE

HEALTH INSURANCE INFORMATION

Student’s Name

The above-named student is covered by Health Insurance Yes [ ]  No [ ]

If yes, name of Insurance Company

PARENT/GUARDIAN SIGNATURE DATE

Hot Springs Adventist School, 401 Weston Road, Hot Springs, AR 71913