Wellsboro Montessori Children's Center

1 Queen Street

Wellsboro, PA 16901

570-724-1060

CONSENT TO ADMINISTER ACETAMINOPHEN AND IBUPROFEN

Child's Name:_____ Date of Birth:_____

____ I do not consent for Acetaminophen or Ibuprofen to be given to my child while at WMCC.

Parent/Guardian Signature:_____ Date:_____

**XXXX