

COVID Testing Permission Form
Tylenol/Ibuprofen Authorization Form

Grade: _____

School Year: 2021-22

Student Name: _____ Date of birth _____

Address: _____ Telephone: _____

Permission to COVID test: In the event that my child exhibits one symptom common to COVID 19 while at school, BinaxNOW antigen or PCR tests are available. Results will be reported to RIDOH. Students with a negative test may remain in school. Students with a positive test will be sent home. If testing is not permitted at school, students will be sent home until a test is received and/or symptoms have ended.

Yes, my child may receive a BinaxNOW and/or PCR COVID test at school _____

No, my child may not be tested. _____

I understand that special permission is required for the use of all medication by students during school hours. I request that my child be given the following Over the Counter Medication described below as authorized by me.

Acetaminophen (Tylenol) _____

Ibuprofen _____

Check one or both or none

Voluntary notification of COVID vaccine status.

This is not required for testing in school. This will assist the nurse and principal if contact tracing is needed at school.

Yes, my child has received the COVID vaccine _____ **Please attach proof of vaccination**

No, my child has not received the COVID vaccine _____

My child is not eligible for the vaccine at this time _____

Parent Signature: _____ Date: _____

Please return this form back to the school nurse Mr. Christopher Shippee

Or email form to cshippee@fgschools.com

Or fax at 401-764-5813