



A foundation of faith and excellence.

St. Joan of Arc

CATHOLIC SCHOOL

2017/2018

RELEASE FOR DISPENSING OF TYLENOL & COUGH DROPS

We, the undersigned parent and/or guardian of:

- 1. _____ Born ____/____/____
- 2. _____ Born ____/____/____
- 3. _____ Born ____/____/____
- 4. _____ Born ____/____/____

do hereby sign and execute this release on behalf of us and on behalf of our minor children

This permission is given for the release of TYLENOL & COUGH DROPS only.

TYPE OF TYLENOL: _____

DOSE: _____

TIME TO BE GIVEN (or as needed) _____

DURATION: _____

Parent's signature date

Physician's signature date