



*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