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St. Joan of Arc

CATHOLIC SCHOOL

2018/2019

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



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