

Please fill out the form below and return it to the front office with your registration. Thank you.

2008-2009 Tylenol Permission Form

I hereby give permission to Arie Crown Hebrew Day School to give non-aspirin pain reliever to my child(ren) listed below according to the doses listed. I understand the school will attempt to reach me before giving such to my child.

	Child's Name	Type (Children's or Adult Regular)	Child's weight
1.			
2.			
3.			
4.			
5.			
6.			

Parent's Signature

Date

Parent's Name (Printed)