

# The Stanwich School

## Authorization for Dispensation of Medication 2007-2008

I, \_\_\_\_\_ give authorization for \_\_\_\_\_  
(Parent's Name ~ print) (Child's Name) (Grade)

to receive Tylenol when it is deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's Signature)

**PLEASE NOTE:** There is a place on the Physical Exam form for a physician to indicate if a child can take Tylenol. Therefore, we have eliminated the doctor's signature on the above form. However, we do need parental permission and will not be able to administer Tylenol without this form on file. Thank you.