

**AUTHORIZATION
To Give Medicine**

I hereby.....
parent's name

mother*, father* of.....
child's name

- **authorizes** *Adventure Francophone staff* to give my child ***Children's Tylenol*** if needed*

YES

NO

- **authorizes** *Adventure Francophone staff* to give my child ***Children's Tylenol Cold Plus Cough*** if needed*

YES

NO

If child's health condition does not improve within 24 hours, we will take him to the doctor's office.

Date...../...../.....

Parent's signature :.....

**Circle appropriate answer*