

**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 :.....

*\*Check the appropriate box*