

Holdheide Academy

Supplemental Medical Authorization



A Place Worthy of Miracles

I hereby give permission to Holdheide Academy and her designated employees to dispense and administer Tylenol to my child/children when and if she determines it necessary; I understand that the Director will not dispense such medication without verbal permission from one or both parents.

I understand that I will also be required to take my child away from the school environment as soon as I am able if symptoms of contagion are present

(Parent/Guardian Signature)

(Date)

(Witness Signature)

I do **not** authorize Holdheide Academy to administer Tylenol to my child when and if necessary.

I understand that I will also be required to take my child away from the school environment as soon as I am able of symptoms of contagion are present.

(Parent/Guardian Signature)

(Date)

(Witness Signature)