![C:\Users\sprentam\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\95FUJ380\blank-pill-bottle-md[1].png]()![C:\Users\sprentam\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\PBCV785N\newspaper_clipart[1].jpg]()![C:\Users\sprentam\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\2QRAF4O2\entertainment-camera-still[1].png]()

***SCHOOL DISTRICT OF CRANDON***

***IMMUNIZATION RECORDS PERMISSION 2018-2019***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the staff of the School District of Crandon permission to share immunization records with local health officials (county & tribal as applicable) and exchange immunization information with the Wisconsin Immunization Registry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

***SCHOOL DISTRICT OF CRANDON***

***TYLENOL PERMISSION 2018-2019***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the staff of the School District of Crandon permission to give my child a Tylenol when necessary during the 2018-2019 school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

***SCHOOL DISTRICT OF CRANDON***

***MEDIA RELEASE***

***PERMISSION 2018-2019***

I grant permission for my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be published in the newspaper and other form of media during the 2018-2019 school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature