

**SCHOOL DISTRICT OF CRANDON
TYLENOL PERMISSION 2023-2024**



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 2023-2024 school year.

Parent/Guardian Signature



**SCHOOL DISTRICT OF CRANDON
IMMUNIZATION RECORDS PERMISSION 2023-2024**

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
MEDIA RELEASE
PERMISSION 2023-2024**



I grant permission for my student, _____, to be published in the newspaper and other forms of media during the 2023-2024 school year.

Parent/Guardian Signature