

***SCHOOL DISTRICT OF CRANDON
TYLENOL PERMISSION 2024-2025***



Date _____ Teacher _____

Student Name _____

I give the staff of the School District of Crandon permission to give my child a Tylenol during the 2024-2025 school year. Your child may receive up to ten (10) doses of Tylenol per academic school year.

Parent/Guardian Signature



***SCHOOL DISTRICT OF CRANDON
IMMUNIZATION RECORDS PERMISSION 2024-2025***

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 2024-2025***



I grant permission for my student, _____, to be published in the newspaper, social media and other forms of media during the 2024-2025 school year.

Parent/Guardian Signature