

Dor Hadash Early Childhood Educational Center authorization for administration
of Tylenol or Tylenol substitute in case of fever.

I, _____, hereby authorize Dor Hadash Early
Childhood Educational Center teachers and representatives to administer
Tylenol or a Tylenol substitute (acetaminophen) in the dosage of _____
to my child _____ in the case of a fever of over 101.5 f.

I understand that this is a procedure to temporarily keep my child safe until I pick
my child up.

I understand that I will be required to pick up my child immediately and that
without the proper authorization my child will not be given the medication.

Date : _____

Parent/ guardian printed Full name: _____

Signature: _____

Date: _____

Doctor's name _____

Signature _____