

Redding Adventist Academy

Grades K-12

The Christian School That Feels like Family

2008 / 2009

1356 East Cypress Avenue, Redding, CA 96002 Phone (530)222-1018 Fax (530)222-4260

Tylenol Permission Form

I authorize RAA to administer Tylenol or other non-prescription pain reliever (please specify) \_\_\_\_\_ to my child if there is a legitimate need.

Name of Pain reliever preferred other than Tylenol

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

By signing below I (we) accept full responsibility for any adverse reaction my (our) child may have to Tylenol or any other specified (above) pain reliever. I (we) agree to hold Redding Adventist Academy free and harmless for all losses, expenses, damages, and costs that may be incurred as a result of RAA providing pain reliever to above named student.

Signed, \_\_\_\_\_ Parent or Guardian Signature (1)

Signed, \_\_\_\_\_ Parent or Guardian Signature (2)

Special Instructions: