

HARVEST TIME CHRISTIAN SCHOOL
1511 U. S. 301 South, Tampa, Florida 33619
(813) 626-4600

I HEREBY GIVE HARVEST TIME CHILD DEVELOPMENT CENTER PERMISSION TO
DISPENSE TYLENOL, OR A SIMILAR TYPE OF NON-ASPIRIN MEDICATION
FOR FEVER, TO MY CHILD:

CHILD(REN) NAME

PARENT'S SIGNATURE

DATE