

**MEDICATION RELEASE**

I hereby request and authorize the Williston High School office staff to administer the recommended dosage of two tablets non-aspirin pain and fever relief (acetaminophen) to my son/daughter.

Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

I understand that if a signed card is on file, I will not be called when my student requests the above medication.

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