



## First Aid and Medical Attention Release

Dear Parents/Guardians,

Occasionally your child may require first aid or medical attention during the school day. For these occasions, our school's office maintains a limited supply of first aid products. Please complete the following form and return it to the school office with enrollment materials.

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade (School Year): \_\_\_\_\_

I/we give permission for the above named student to have first aid administered when deemed necessary. ***Note: No medication may be given without parental consent and/or a doctor's (if applicable). Parent must also provide the medication.***

I authorize the Health Aide or individual designated by the Principal to be my agent to administer to my child standard first aid products.

I authorize the School to take my child to the nearest medical facility (South Point Clinic) for medical attention if and when the need arises and at my own expense.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_