

PARENT PERMISSION FOR ADMINISTRATION OF MINOR FIRST AID BY
SCHOOL PERSONNEL AND EMERGENCY CARE INFORMATION
Campus OFFICE COPY

Minor First aid includes the use of rubbing alcohol, hydrogen peroxide, or other cleansing agents also, other remedies for minor ailments. Prescription medicine must be clearly labeled as prescribed for (Student's name). Pain relievers (Tylenol, etc.) must be furnished by parents, clearly labeled, and in the original container, kept in the office with prescription medications. The student may come to the office and take his/her medicine as prescribed provide4d they have filled out the **"Parent Request for Administration of Medication by School Personnel"**. TYLENOL, COUGH DROPS, BAND AIDS, etc. ARE NOT FURNISHED BY THE SCHOOL.

Name of Student _____ Grade _____ DOB _____

Name of Mother/Guardian _____

Name of Father/Guardian _____

Telephone _____ Work No. _____

In case a parent/guardian cannot be reached, please contact:

Name	Relationship	Phone No.
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In case my child needs emergency care and I cannot be reached, please take him/her to:

_____ in care of _____
Hospital Doctor

Parent/Guardian Signature _____ Date _____

NOTE: Both forms must be completely filled out. One form is sent to the school nurse, the other is kept on file in the campus Office.