

EMERGENCY TREATMENT PERMIT

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Street/Physical Address: _____

Home Phone: _____ Work Phone: _____

Please list neighbor and/or nearby relative who will assume temporary care of your child if you cannot be reached.

Name: _____ Home Phone: _____
Relationship to Student: _____ Work Phone: _____

Name: _____ Home Phone: _____
Relationship to Student: _____ Work Phone: _____

Physician to be called in case of emergency: _____
Phone: _____

Every effort will be made to reach you in case of an emergency. If this is not possible, the principal, teacher in charge of first aid, or the school nurse has my permission to use their discretion in securing medical aid and in the administering of first aid. It is understood that neither the school nor person responsible for obtaining this will be obligated for the expense incurred or for any other liability.

Parent Signature: _____ Date: _____

(PLEASE FILL OUT OTHER SIDE ALSO)

PERMISSION TO GIVE ACETAMINOPHEN
(Trade Names: Tylenol, Tempra, Panadol, Etc.)

I hereby give my permission for _____
to be given an age/weight appropriate dosage of acetaminophen by
supervising adult for pain relief.

Parent/Guardian Signature

Date

(Please fill out other side also)