



Permission Slip-Medical Facility Transport

Student Information

Students Full Name: _____ Date of Birth: _____
Last First M.I.

Home Address: _____

Medical Emergency Treatment & Transport

I, hereby give _____ permission to administer
(Name of Educator/School)
basic first aid and/or CPR to my child _____, and/or to take my child to a
(Name of Child)
hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature

Signature Date

Topical Medication and Ointments: Please list only those medications and ointments which you will allow the educator to administer to your child's skin: (Example: Sunscreen, insect repellent, diapering ointment, etc)

Two horizontal lines for listing medications and ointments.

Parent Name & Signature

Print Name: _____ Date: _____
Last First

Signature: _____