

PERMISSION TO GIVE FIRST AID FORM

We, the parents of _____, do give permission to the staff and volunteers of Liberty Baptist Academy to administer the following first aid treatments to our child(ren) as deemed appropriate and / or necessary by the person in charge:

1. Ibuprofen, Bayer, Aleve, or Aspirin
2. Children's Tylenol or Aspirin
3. Antibiotic ointment
4. Band-aids
5. Stomach relief medicine (i.e. Pepto Bismol)
6. Hydrogen peroxide for cuts / scrapes
7. Ice pack for injuries

Note: Parents are expected to provide medication for colds, allergies, menstrual symptoms, and persistent headaches.

Please list any medicine / food / or other allergies:

Please list any other pertinent comments regarding the general care of your child that we should know:

Signature of Father

Date

Signature of Mother

Date

“And I will walk at liberty: for I seek thy precepts.” Psalm 119:45