

Algonquin Preschool, Inc.
Permission for Administering Minor First Aid

I, _____ authorize staff of the Algonquin Preschool, Inc. to perform minor emergency first aid on my child, _____. This may include, but is not limited to, the cleaning of a small cut or scrape, use of a band-aid on a small cut or scrape, icing a small bump, etc.

Parent/Guardian Signature

Date

Algonquin Preschool, Inc.
Certified Practitioner

My child shall be exempt from all standard medical care on religious grounds. In the event of a MEDICAL EMERGENCY, the following certified practitioner is to be notified immediately.

Name: _____

Address: _____

Phone: _____

I understand that the above certified practitioner will direct the Algonquin Preschool staff as to necessary steps in the treatment of my child. I also understand that the Algonquin Preschool is not responsible for the action or treatment provided by this certified practitioner.

Parent/Guardian Signature

Date