



**VOLUSIA EDEP**  
EXTENDED DAY  
ENRICHMENT PROGRAMS

Permission for General Care  
and Treatment of Student  
2024-2025

Parent/Guardian:

Please complete the information requested below and indicate whether you give consent for your child to receive general care and treatment while attending Extended Day or Before the Bell.

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Please initial your choice:

\_\_\_\_\_ Yes, I agree for my child's Extended Day or Before the Bell program to provide general care and treatment services which include but are not limited to band aids, ice packs, wound coverings, etc.

\_\_\_\_\_ No, I DO NOT agree for my child's Extended Day or Before the Bell program to provide general care and treatment services which include but are not limited to band aids, ice packs, wound coverings, etc.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_