

Shiner Independent School District



Please return this permission slip to your school nurse after completing the online course.

Student Name: _____

Student Grade: _____

Online Course Completion Date: _____

Parents, please sign and date this form if you grant Shiner ISD permission to train your child on how to promote bleeding control, according to the American College of Surgeons.

Today's Date: _____

Parent Name (Please Print): _____

Parent Signature: _____