

CLINIC CARD

The undersigned, _____, is a parent with custody, the legal guardian, or individual assuming permanent care and custody of _____, who attends _____ School.

If this child is injured or becomes ill at school, I hereby authorize the school nurse, the school principal, or _____ to administer non-prescription medicine to the child in the event I cannot be contacted to give my consent to administer the same.

Dated this _____ day of _____, _____.

Parent with Legal Custody, Guardian, or Individual
Assuming Permanent Care and Custody

Address

WITNESS:
