



Foresta

RINCÓN MULTIDISCIPLINARY CENTER

FIRST AID RELEASE FORM We hereby request authorization for the school personnel to give first aid assistance or take any necessary measurements for the treatment and care of your child (ren) in case of an emergency; including: to transport to Costa Salud, administer prescription medication non-prescribe medication such as Acetaminophen, Ibuprofen, diphenhydramine, antibiotic creams and over the counter products.

Student Name: _____ Sex: _____

Age: _____ Birthday (month, day, year): _____

Home Address: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact if unable to reach parents Name Relationship Phone Number

(1) _____

(2) _____

List all childhood disease, allergies, operations, and other illness

(1) _____ (2) _____

(3) _____ (4) _____

List any and all medical restrictions or conditions Allergies:

Important medication child is on _____

Important medication that should be at school with child for this condition(s)

Wear braces, glasses, Etc. _____

Information school should know:

It is understood and agreed that FORESTA RINCON, its administrative officers or faculty shall be held liable in any way for first aid services.

Parent/Legal Guardian Signature Date