



Consent for First Aid

Treatment of Minor Injury or Illness:

I/we, the undersigned, give consent for the staff of the Jefferson Center for Preschool Children to administer first aid in the event of minor injury, such as a small cut, bruise or abrasion. First aid may consist of, but is not limited to, cleaning cuts and abrasions, applying ice or applying band aids. Understanding that my child may need emergency medical treatment during school hours or while at school activities, I authorize The Jefferson Center for Preschool Children, through its school employees to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances. I release the school board, school, and any school employees from liability for administering first aid to my child, and agree to indemnify and hold harmless its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of actions, or injuries arising from the first aid to or medication of my child while at school or school-sponsored events. I acknowledge that it is my responsibility to keep my child's medical records current to reflect any allergies, medical/physical conditions, and communicable diseases.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

I/we, the undersigned, do **not** give consent for the staff of the Jefferson Center for Preschool Children to administer first aid in the event of minor injury. I request that staff instead contact the parent/guardian and/or designated emergency contacts.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date