



As custodian of the minor listed below, I grant my authorization and consent for the staff of Faith Lutheran Preschool to administer general first aid treatment of minor injuries or illnesses. If the injury is severe, I authorize them to give consent to professional emergency personnel to attend transport and treat the minor, as deemed necessary by a licensed medical provider. I authorize the designated staff to exercise best judgment upon the advice of medical or emergency personnel. This authorization is valid for the 2022-2023 school year.

Known Allergies & Medications _____

Child's Full Name _____

Guardian Signature _____ Date _____

Printed Name _____