

**MEDICAL PERMISSION SLIP**

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretion of Nature's Classroom staff?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Date \_\_\_\_\_ **Signature** \_\_\_\_\_

Relationship \_\_\_\_\_



If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN \_\_\_\_\_ TYLENOL \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_