



Dear parent,

In order to cover certain situations that may arise that would need our staff members to act quickly in certain circumstances we would like permission to administer over the counter medicine that we will have in our first aid kits.

By signing below you hereby authorize the Seneca Allegany Department of Education employees to administer minor over the counter medicines if deemed necessary by the employee to assist with medical aid for the student. Parents/Guardians will be notified immediately if such an event should occur and given all details. We ask that parents/guardians provide our program instructors with specific medical/medicinal details should your child have any of these needs. Also please notify us should any medication details change. These can be explained in writing and given to instructors at the program orientation.

Your child's safety, health, and wellbeing are our number one priority and we thank you for your cooperation.

Parent/Guardian Name and emergency contact information:

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Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

