

## CONSENT TO TREAT WITH FIRST AID

- This form is required to be signed by every family enrolled. It consents to the use of the following non-medication items as a means of First Aid (but are not limited to): topical ointments, lotions and creams, calamine sprays, and Bactine.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- If parent's instructions are to NOT administer any First Aid, that must be denoted below.

### PARENT MUST COMPLETE THIS SECTION

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. CHECK ONE:		
<input type="checkbox"/> I consent to administering First Aid using non-medication topical products.		
<input type="checkbox"/> I refuse to allow the administration of First Aid to my child(ren) .		
5. Parent name (please print):		
6. Parent signature:		DATE SIGNED:
Program name: Twin Oaks Country Day School 458 Babylon Tpke. Freeport, NY 11520		