




## First Aid Release

I hereby give consent for my child to receive the following over-the-counter medications from the Southwest Baltimore Charter School staff (check all that apply). Southwest Baltimore Charter School Staff will administer first aid only as needed.

- Bandages
- Antiseptic
- Ice Packs

Student's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature  \_\_\_\_\_ Date \_\_\_\_\_