The New LIFE School
Strengthening Lives, Families, Communities
Intermediate School
And
High School
831 Eagle Avenue
Bronx, NY 10456
P: (718) 665-2760
F :(718) 665-2761

PARENT OR GUARDIAN MEDICAL TREATMENT AUTHORIZATION

AUTHORIZATION I

I give my permission to have my child's (_____) minor medical needs attended to at the New LIFE School by the School Administrator who is trained in First Aid Procedures.

AUTHORIZATION II

I give my permission for my child, _____to receive "over the counter" medication (such as Tylenol, cough medicine, Pepto Bismol) during school hours under the supervision of the School Administrator. (Phone contact will normally be attempted before any over the counter medication is dispensed.)

N.B. My child is allergic to:
_____

AUTHORIZATION III

I give my permission to have my child,
_____taken to a local hospital if an emergency arises while under the care of the New LIFE School. If necessary, Medical Personnel under the 911 System will be called to assist and assess your child. (Phone contact will be attempted before any such action is initiated).

I authorize the hospital to administer emergency medical care to my child in my absence before my arrival at the hospital. (A staff member will accompany your child on the ambulance and be present until a family member arrives at the hospital).

Parent/Guardian Name: _____
(Please print)

_____ _____
Signature of Parent / Guardian Date