



FIRST AID AUTHORIZATION FORM

In the event that my child receives a minor injury (i.e.: scrape, abrasion, or small cut,) I _____
the parent of _____ authorize the staff of Great Beginnings Preschool to
provide first aid to my child by washing the wound with antibacterial soap and water, then applying Bactine antiseptic
or Neosporin antibiotic/pain relieving cream followed by covering the wound with a Band-Aid to prevent the
possibility of an infection.

Parent Name _____

Parent Signature _____

Date _____