



One Sunset Avenue, Verona NJ 07044
Phone: 973-509-3050 Fax: 973-509-3060 www.tcischool.org

PARENT/GUARDIAN FIRST AID RELEASE FORM

To the best of my knowledge, this medical history is correct and complete. In the event that I cannot be reached in an emergency, I hereby give my permission to the school physician, school nurse or the physicians at the nearest hospital to secure proper treatment, hospitalize, or order: injection, x-rays, anesthesia and/or surgery for my child.

Student's Name: _____ (first/last name)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date