

**CLINIC CARD**

The undersigned, \_\_\_\_\_, is a parent with custody, the legal guardian, or individual assuming permanent care and custody of \_\_\_\_\_, who attends Gore Schools.

If this child is injured or becomes ill at school, I hereby authorize the school nurse, the school principal, or \_\_\_\_\_ to administer non-prescription medicine to the child in the event I cannot be contacted to give my consent to administer the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent with Legal Custody, Guardian, or Individual Assuming Permanent Care and Custody

\_\_\_\_\_  
Address

WITNESS:

\_\_\_\_\_