

CPR & First Aid

Some of the teachers and staff at CI are trained in first aid and/or CPR. By checking the boxes below, I indicate the parameters of my permissions for CI teachers and staff, in case of injury or emergency, to act in good faith in an attempt to treat my child's injury, maintain my child's physical well being, and/or save the life of my child. Please note that "first aid", as discussed below, does not include minor injury assistance such as giving a bandaid. By signing below, I give permission for all adults in charge to give my child minor injury assistance.

Part I (Check one of the following)

- A. I give my consent for my student to receive first aid and CPR **if the authority in charge deems it necessary.**
- B. I give my consent for my student to receive first aid and CPR **if my student gives consent.**

Part II

If you chose A above:

I give permission for authorities who are trained in first aid and/or CPR and, if no trained personnel is available, I give permission for authorities who are not trained to attempt to help or treat my student in the case of injury or emergency. While giving help to my student, CI staff will inform me of the injury or emergency as well as the proper emergency services, if necessary.

I give permission for **ONLY** staff and teachers who are trained in first aid and/or CPR to attempt to help or treat my student in the case of injury or emergency. While giving help to my student, CI staff will inform me of the injury or emergency as well as the proper emergency services, if necessary. If no trained authority figures are available to administer first aid and/or CPR, I would not like CI staff to perform any first aid and/or CPR while waiting for me and/or emergency personnel.

If you chose B above:

If my child is unable to respond, I give my consent for my student to receive first aid and CPR if the authority in charge deems it necessary. I give permission for authorities who are trained in first aid and/or CPR and, if no trained personnel is available, I give permission for authorities who are not trained to attempt to help or treat my student in the case of injury or emergency. While giving help to my student, CI staff will inform me of the injury or emergency as well as the proper emergency services, if necessary.

If my child is unable to respond, I give my consent for my student to receive first aid and CPR if the authority in charge deems it necessary. I give permission for **ONLY** staff and teachers who are trained in first aid and/or CPR to attempt to help or treat my student in the case of injury or emergency. While giving help to my student, CI staff will inform me of the injury or emergency as well as the proper emergency services, if necessary. If no trained authority figures are available to administer first aid and/or CPR, I would not like CI staff to perform any first aid and/or CPR while waiting for me and/or emergency personnel.

It is agreed and understood that Capital Innovations Academy and all other persons acting in the school's behalf shall be and are hereby released from any and all liability of every nature, kind and description as a result of any injuries, hurt, or damage sustained by attempting to help/treat your student in the manner that permission is given above.

Student Name: (printed) _____

Parent Name: (printed) _____

Parent Signature: _____

Date: _____

Medicine

By signing below, I give permission for my student to request, receive and take the following checked medicines from Capital Innovations Academy without prescription, doctor's note or parent note/phone call. Medicine will be given in the single dosage indicated on the medicine's bottle/box/container.

- Aspirin
- Excedrin
- Advil/IBprofen
- Midol
- Cough Drops
- Other. Please specify: _____
- I do not want CI Academy to issue any medicine for my student to take without a prescription and/or note from myself.**

It is agreed and understood that Capital Innovations Academy and all other persons acting in the school's behalf shall be and are hereby released from any and all liability of every nature, kind and description as a result of any injuries, hurt, or damage sustained by CI administering medicine based on the permissions I have given by checking boxes above.

Student Name: (printed) _____

Parent Name: (printed) _____

Parent Signature: _____

Date: _____

Permissions given on this form apply to the above listed student from the date listed on the form through the date that the student graduates or unenrolls from Capital Innovations Academy unless the parent/guardian submits an updated form.