

**BURBANK UNIFIED SCHOOL DISTRICT
EMERGENCY OPERATIONS**

Notice of First Aid Care

Date _____

School _____

Dear Parent:

_____ was injured at school and has been given first aid. If you feel further care is necessary, please consult your family physician.

Remarks:

Please sign and return white copy to school. Retain yellow copy for your records.

PARENT'S SIGNATURE

SCHOOL REPRESENTATIVE'S SIGNATURE

The purpose of this form is to inform parent of medical treatment given, and release school & teacher of liability.

Note: In a disaster - 1 copy goes home with student
1 copy stays with teacher or medical treatment team records