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

FAIDFRM
8/02