

CLINIC CARD

TO: DICK CURREY, PRINCIPAL
COMMERCE MIDDLE SCHOOL
500 EAST COMMERCE
COMMERCE, OK. 74339

The undersigned, _____,
is parent with custody or the legal guardian of _____
_____, who attends Commerce Middle School.

If this child is injured or becomes ill at school, I hereby
authorize the school principal, Patricia Hall-Secretary or
Linda Bachman-Aide to administer non-prescription medicine to my
child in the event I cannot be contacted to give my consent to
administer the same.

Dated this _____ day of _____, 198__.

Parent with Legal Custody or Guardian

Address

Emergency Phone Number

WITNESS:
