



**Alexandria Montessori**  
School

PERMISSION SLIP FOR LOCAL MEDICAL TREATMENT  
2023-2024

Dear Parents:

We must have permission from parents or guardians before administering any local treatment for bug bites, bee stings, poison ivy, minor cuts, etc. Therefore, we ask that you sign the statement below granting us permission to administer treatment if necessary.

I, \_\_\_\_\_, parent of \_\_\_\_\_ **grant** the teachers/staff of Alexandria Montessori School permission to apply meat tenderizer to bee stings, Benadryl and/or Caladryl lotion to poison ivy or other skin irritations, and hydrogen peroxide to minor cuts as deemed necessary. This is applicable for the 2023-2024 school year only.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I **do not** grant permission for any of the above. Call me if an emergency arises anytime during the 2023-2024 school year.

Signed \_\_\_\_\_ Date \_\_\_\_\_