



**Medical First Aid Opt Out Form**  
**Thomas Edison Charter School North**

Student Name:	DOB	School Year 2025-2026
School: TECS North	Grade	Teacher

As a parent or guardian to the above named student, I opt not to have my student take any of the following medication as part of first aid care:

- Anti-itch/hydrocortisone cream for itching related to rashes or hives
- Burn spray for relief of minor burns
- Eye drops or eye irrigating solution
- Medicated cough drops
- Neosporin/antibiotic ointment for cuts or abrasions
- Sting Relief Pads

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_