

Over-the-Counter Medication/First Aid/Immunization Records Consents

Plateau Valley School District #50

Name of Student	Date of Birth	Grade	Phone
-----------------	---------------	-------	-------

I, the parent/legal guardian of the above named student of Plateau Valley School District #50 **WANT** my child to be allowed to take the following checked **NON-PRESCRIPTION** (Over-the-Counter) **MEDICATIONS** at school if he/she becomes ill, but could possibly remain in school if given relief by taking it.

- | | | | |
|------------------------------|-----------------------------|-----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. | IBUPROFEN (Advil) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2.. | ACETAMINOPHEN (Tylenol) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. | TUMS ANTACID CHEWABLE TABLETS |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. | BENADRYL (Diphenhydramine – an antihistamine) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. | CARMEX (applied to a clean q-tip for chapped lips) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. | HALLS COUGH DROPS (for coughs and sore throats) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. | STING KILL (numbing solution for insect bites/stings) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. | BACITRACIN ANTIBIOTIC OINTMENT |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. | HYDROCORTISONE CREAM (for itching) |

I DO NOT WANT my child to be allowed to take any of the above named over-the-counter medications at school.

ANY MEDICATION NOT LISTED ABOVE (prescription OR non-prescription) that a student needs to take at school requires a written consent signed by the parent/guardian AND the prescribing health care provider

- Yes No Qualified school personnel may do a physical assessment to the extent that is appropriate (take temperature, examine ears, throat, breath sounds, abdomen, etc.) for my child in the event of illness or injury.
- Yes No Qualified school personnel may give immediate and temporary FIRST AID to care for my child in the event of illness or injury. 911 will be called in the event of serious or life-threatening illness or injury. All efforts possible will be made to notify a parent if 911 is called.

If my child is too ill to remain in school, but it is not an emergency, and I cannot be reached, my child will be released only to those people designated on the enrollment form. School personnel may share pertinent health information about my child with this caregiver.

***PLEASE MAKE SURE THAT INFORMATION REGARDING WHO YOUR CHILD MAY BE RELEASED TO IS KEPT UPDATED AT THE MAIN OFFICE.**

My child's primary physician is _____ Phone Number _____

Any specific health problems that could result in a crisis situation at school are noted (allergies, diabetes, seizure disorder, heart condition or any ongoing medication programs): _____

Permission to share immunization records: Plateau Valley School District #50 may share the immunization records on file at school for my child with Public Health officials or with my child's Health Care Provider.

Yes No Comments: _____

These permissions are granted/denied, as checked, for the current school year at Plateau Valley School District #50 unless the school is notified in writing to the contrary.

Parent/Guardian Signature
Rev 10/18/2012

Date