

## TREATMENT CONSENT FORM

The following items are available in the school health office for the treatment of minor injuries and/or illness during school hours:

After Bite  
Antibiotic Ointment  
Antiseptic Wipes  
Assorted Band-aids and Bandages  
Caladryl Lotion  
First Aid Cream  
Hydrogen Peroxide  
Ice Packs

Isopropyl Alcohol  
Sanitary Pads/Tampons  
Sterile Eye Wash  
Sting Kill Swabs  
Sunscreen (25 SPF)  
Syrup of Ipecac (for use only if directed by Poison Control)  
Vaseline Petroleum Jelly

Please indicate by signature your consent to use the above items in the case of an accident involving your child(ren) during school hours. Your signature also allows the school health office to contact the Poison Control Center and/or Paramedics on behalf of your child(ren) should an accident and/or injury occur requiring immediate medical care. Furthermore, this consent allows the school to measure height and weight of each student, to perform a hearing test on students in grades K, 2, 5, 7 and any new students, to perform vision screening on students in grades K, 2, 5 and 8 and to perform a scoliosis exam on 7<sup>th</sup> grade girls and 8<sup>th</sup> grade boys. **Please Note:** The School Nurse cannot treat any medical condition that did not occur at school. Should your child(ren) become injured and/or ill at home, please refer to your family physician.

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

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Parent Signature

Date