

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 7th grade girls and 8th 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 _____

Parent Signature

Date