



# Permission for Health Services

School Nurse: 715-356-3282 Ext. 4417

Fax: 715-358-3789

Dear Parent or Legal Guardian, As a courtesy, we offer over-the-counter medications to students. The district's medical advisor, Dr. Jeff Clark, Marshfield Clinic Center – Minocqua, has provided designated personnel authorization to administer medications/treatments listed below **with** written permission from parents/legal guardians and according to the instructions specified by manufacturers. If your student needs selected medications greater than 2 times per month, please provide the student's own supply to school.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student's Weight: \_\_\_\_\_

**Stocked Medications:** Please indicate if you would like stocked medications available "as needed" for your student at school or school related events

**Antipyretics/Analgesics** (such as Acetaminophen/Tylenol, Ibuprofen/Motrin/Advil)

- Parent/Legal Guardian will be called for verbal permission/consent prior to administration of above oral medications
- A record of administration will be sent via email to the Parent/Legal Guardian following administration

Yes     No

**Antihistamine** (such as Benadryl, Certirizin/Zyrtec, Loratadine/Claritin)

- Parent/Legal Guardian will be called for verbal permission/consent prior to administration of above oral medications
- A record of administration will be sent via email to the Parent/Legal Guardian following administration
- Students requiring Benadryl will likely be sent home due to medication side effects, etc.

Yes     No

**Anti-Nausea & Upset Stomach** (Such as Dramamine and Tums)

- Parent/Legal Guardian will be called for verbal permission/consent prior to administration of above oral medications
- A record of administration will be sent via email to the Parent/Legal Guardian following administration

Yes     No

**Sore Throat & Cough** (such as cough drops) - for students ages 12 and older only

Yes     No

**Topical** (Such as Aloe Vera, Calamine Lotion, Hydrocortisone Cream, and Lidocaine/Burn Gel)

Yes     No

**Nasal Decongestant** (Such as Afrin) - only utilized to treat significant nose bleeds

Yes     No

**Skin Protection** - typically found in classrooms and provided for use on field trips - (Such as insect repellent, sun screen, hypoallergenic skin moisturizers and/or chap stick)

Yes     No

I certify my student has no known allergies to the above listed items (**Initial**) \_\_\_\_\_  
I give permission for the Arbor Vitae Woodruff Elementary School Nurse and trained staff to administer the above medication(s)/item(s) to my student according to the directions stated above. I agree to hold AVW staff, who are acting within the scope of their duties, harmless in all claims arising from administration of above medication(s) at school and school related activities.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Please review and sign the below Permission to Health Services Statement for your student. Should you have any questions or require additional information, please do not hesitate to contact the School Nurse.

### Parental or Legal Guardian Consent for School Health Services

I, the parent/legal guardian of \_\_\_\_\_, authorize designated personnel at Arbor Vitae-Woodruff Elementary School to provide health services to my child during school hours and certain school functions.

I understand these services may include, but are not limited to:

- Assessing and treating minor injuries and illnesses Conducting health screenings (e.g., vision, hearing, dental)
- Managing chronic conditions as directed by my child's healthcare provider Administering over-the-counter medications – selected above
- Administering prescribed medications – upon receipt of written instructions from the prescriber
- Referring my child to appropriate healthcare providers when necessary
- Providing emergency first aid and responding to medical situations Contacting and coordinating with emergency services as needed

I agree to hold designated AV-W personnel providing health services harmless from any claims arising from such administration during school or school functions.

I acknowledge that the School Nurse does not replace my child's primary healthcare provider and that significant health concerns will be referred for further medical evaluation.

By signing below, I confirm that I have read, understand, and agree to the terms outlined above. I understand that I may withdraw this consent at any time by providing written notice to the school.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Stocked for emergency use only!** Please speak to the school nurse if you have any concerns regarding emergency use of items listed below. Standard first aid procedures are followed for all injuries and illness occurring during school and school related events.

- Epinephrine, USP Auto-Injector 0.3 mg
- *Neffy* Epinephrine Nasal Spray 2 mg
- Epinephrine, USP Auto-Injector 0.15 mg
- *Neffy* Epenephrin Nasal Spray 1 mg
- Albuterol Sulfate Inhalation Solution 0.083% 2.5 mg/3ml
- *NARCAN* Naloxone HCl Nasal Spray 4 mg