

Salem Health Services / Permission to Treat

Student's Name: _____ Gr. _____ Teacher: _____

I give permission to the school nurse to administer the following medications to my child according to the established protocols. I have crossed out any products that I do not wish my child to receive.

All other medications require a written order from a licensed prescriber (physician, dentist, nurse practitioner) and written parental permission.

Acetaminophen (Tylenol)

As needed for minor pain or fever subsequent to nursing assessment. Acetaminophen will only be administered 3 hours after the start of the school day to one hour prior to the close of the scheduled school day unless there are extenuating circumstances. Children ages 5 – 11 years will be given a dose according to their weight. Children 12 years and older may receive 2 tablets 325mg. every 4 hours.

Bacitracin Ointment

As needed for cuts, scrapes, etc. 1 – 3 times a day.

Calamine Lotion

As needed to relieve itching from poison ivy, poison sumac, and poison oak.

Hydrocortisone Cream 0.5%

As needed 3 times daily to relieve itching associated with minor skin irritations.

Tums antacid tablets

HIGH SCHOOL STUDENTS ONLY for relief of acid indigestion, sour stomach, and upset stomach, no more than 6 tablets per day.

**Pramoxine HCL Wipes
(sting relief)**

As needed for the temporary relief associated with insect bites, hives, and rashes.

To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.

I give permission to the school nurse to share with appropriate school personnel information relative to any described health concerns.

Parent/Guardian Signature: _____ Date: _____