

School District of Webster ♦ P.O. Box 9 ♦ Webster, WI 54893
webster.k12.wi.us



School District of Webster Health Services
Infirmary Permission Form

Student Name: _____ Date of Birth: _____

Grade/Teacher: _____

The following is a list of items used in the health office at the Webster School District Schools. Please review the list and sign if you approve of these items to be used as needed during the school year. In the event of no approval these items will not be used for your child.

Vaseline Normal	Saline Solution
Isopropyl Alcohol	Orajel
First Aid/Burn Cream	Antacid
Bacitracin Ointment	Cough Drops
Salt water gargles	Hand lotion
Calamine Lotion	Hydrocortisone Cream 1%
Hydrogen Peroxide	Lip Balm

**The below items need verbal permission from parent/guardian before any administration of these medications.

**Ibuprofen

**Acetaminophen

**Benadryl

_____ I give my child permission to receive the above items as needed and according to the manufactured directions.

_____ I have circled any item(s) above **I DO NOT** wish for my child to receive at school.

_____ I **DO NOT** give permission for my child to receive infirmary items.

If the school cannot contact you immediately in an emergency, does the school have your permission to send your child to the hospital? Please circle one.

Yes / No

Parent/Guardian Signature: _____ Date: _____