



School District of Webster Health Services
Infirmary Permission Form

Child Name: _____ Grade/Teacher: _____

The following is a list of items used in the health office at your child's school. Please review the list and sign if you would like your child to use these items, as needed during the year. If this form is not completed and returned, we will not use any of these items with your child.

Vaseline	Salt Water gargles (sore throats)
Normal saline irrigation solution	Mouth Wash
Isopropyl Alcohol	Hand Lotion
First Aid/Burn Cream	Calamine Lotion
Anbesol Gel (oral irritations)	Hydrocortisone cream (itching, rash)
Cough Drop	Hydrogen Peroxide
Antacid	Lip Balm (chapped lips)
Bacitracin/Neosporin Ointment	

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**These items need verbal permission from a parent/guardian. The Nurse will call before administering these medications.

** Benadryl

**Ibuprofen

**Acetaminophen

_____ I give my child permission to receive the above items as needed and according to the manufacturer directions, for the duration of the school year by the school nurse, health assistant, principal or other designated school staff.

_____ I have circled any items above I DO NOT wish my child to receive at school.

_____ I DO NOT give permission for my child to have any infirmery 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

Hospital Preference: _____

Parent/ Guardian Signature: _____

Date: _____

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