



Student Name _____

HEALTH /MEDICAL INFORMATION FORM

Listed below are nonprescription medications that the nurses may give to students, only with parent permission. We hope that offering these medications could reduce absenteeism and student discomfort during school. Doses will be based on age/weight. Please **check** the appropriate boxes and **sign** the bottom of this form to give permission for your child to receive the following medications. This form will become part of your child's health file. Also, please note any medication allergies that your child may have. **No nonprescription medications will be given to students whose parents do not complete and return this form.** (For any other medications, fill out the parent requested medication form, and give to your child's school nurse.)

My child may receive the following over-the-counter medications at school: **(PLEASE CHECK FOR YES.)**

- Acetaminophen** (Tylenol) for headache and fever
- Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain
- Maalox** (or comparable nonprescription antacid) in liquid or tablet form for upset stomach
- Loratadine** (Claritin) for allergies and sinus
- Clotrimazole** as an antifungal for skin itch and rash
- Midol** for menstrual symptoms and cramping
- Natural tears** (or any saline eye drops) for eye dryness and/or itching
- Visine Allergy Eye Drops** for itching eyes
- Cough Syrup** (non-alcohol based, such as Robitussin) for dry coughs
- Cough Drops/Throat lozenges** for cough/sore throat
- Calamine or Caladryl Lotion** (or generic) for itchy rash (not to be applied around the eyes)
- Benadryl** (Diphenhydramine HCL) for allergy symptoms
- Topical antibiotic ointment** for minor cuts and scrapes
- Topical Hydrocortisone Cream** for minor skin irritation and rashes (not to be used on the face)
- Benzocaine Sting Wipes** for insect bites and stings
- Orajel** (or generic equivalent) for temporary relief of mild toothache
- Sunscreen** (not always provided)

Student's Name: _____ DOB: _____ Grade: _____

Allergies: _____ Pertinent medical conditions _____

As the parent or legal guardian of the above named child, I give permission for the school nurse associated with the MRH School District to give the above named nonprescription medications to my child for the conditions indicated.

Parent/ Guardian Signature: _____ Date: _____

I understand that typing my name in the provided text box serves as my digital signature

Permission for Emergency Medical Care

I hereby give my permission to _____ (hospital of choice) to carry out those procedures which their professional judgment deems necessary in the event that my child becomes involved in an accident or suffers from any physical condition that threatens life or physical ability during attendance in the MRH School District. I further give permission to the school personnel to help secure this care in the event I cannot be notified. I understand that expenses for ambulance or hospital are not the responsibility of the school.

Parent/ Guardian Signature: _____ Date: _____

I understand that typing my name in the provided text box serves as my digital signature