Glenwood City School District

Health services standing medical orders/supplies

The following items are available in the health office at school. Parents, please review the list and sign if you would like your child to use these items, as needed during the school year. Our school medical advisor reviews this list annually and approves these items to be used in school. If this form is not completed and signed, we will not be able to use any of these items with your child. Please check the appropriate box at the bottom of the form.

**Note: Epipens are a standing order for our school district per our Medical advisor. Any student with severe allergic reaction, will be given Epipen per MD orders.**

**Parents are encouraged to supply over the counter items for their own children.**

· Rubbing alcohol-70% (for topical use)

· Antacid tablets (for simple stomach ache)

· Antibacterial ointment (for cuts etc.)

· Burn gel (2% Lidocaine)

· Calamine lotion (for itchy rashes)

· Cough drops (for minor cough and/or sore throat)

· First aid cream

· Hand cream or lotion

· Hydrocortisone cream 1% (for skin rashes)

· Sunscreen 30 SPF

· Tylenol or acetaminophen generic equivalent regular strength, 325 mg tablets or

dose appropriate for age/weight (for simple headache or body ache pain)

· Ibuprofen 200mg (used as Tylenol above)

· Vaseline

\_\_\_\_\_\_ **I give my child permission** to receive the above items as needed and according to the manufacturer’s directions, for the school year.

 \_\_\_\_\_\_I have circled the items that **I wish** my child to receive at school.

 \_\_\_\_\_\_**I DO NOT give permission for my child to have any of the above items.**

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign and date below for each new school year if above remains unchanged. If changes need to be made, a new form will be provided.**

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_School yr:\_\_\_\_\_\_\_