



**School District of Webster Health Services  
 Infirmary Permission Form**

Child Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

**Infirmary**

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                      |
| ** Benadryl                       | Ambesol Gel (oral irritations)       |
| Cough Drop                        | **Ibuprofen                          |
| Antacid                           | **Acetaminophen                      |
| Bacitracin/Neosporin Ointment     | Hydrocortisone cream (itching, rash) |
| Blistex (chapped lips)            | Hydrogen Peroxide                    |

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

- I give my child permission to receive the above items as needed and according to the manufacturer’s 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 infirmary items.

Medication guidelines: The School District of Webster requires that all students who need prescription and non-prescription medications routinely during the school day provide the following:

1. A written note signed by a parent/guardian. The name and phone number of the physician or a script from the physician must be provided for prescription medication.
2. Prescription medication must be in the prescription bottle properly labeled by a pharmacist or physician. Non-prescription medication must be in original bottle or packaging.
3. Students are not allowed to carry medications. All medication must be checked in with the school nurse. Asthma inhalers can be carried but the Health Office must be notified and parents must have written permission from the student’s doctor.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_