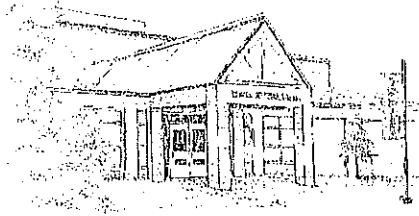


Wheeler High School/Wheeler Middle School

Creating a community of resilient, life-long learners

Kristen St. Germain, *Principal*
Allison Reyes, *Associate Principal*
Jessica Kessler RN, *School Nurse*



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North Stonington, CT 06359
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This form gives permission for the School Nurse/Authorized Personnel to give your child the following over the counter preparations if needed. Please check off the items you wish your child to be given:

- ANTIBIOTIC OINTMENT - may be used for minor abrasions/lacerations
- MOISTURIZING LOTION-may be used to lubricate dry skin
- CALAMINE LOTION OR HYDROCORTISONE CREAM-may be used topically for minor skin rashes, irritations and itching
- PETROLEUM JELLY-may be used topically for dry lips
- SALINE and CONTACT OPHTHALMIC DROPS-may be used to irrigate eyes and for minor eye irritations
- SALT (SODIUM CHLORIDE)-may be used diluted and warmed in the buccal cavity for irrigation
- ACETAMINOPHEN/TYLENOL-325mg 1-2 tablets
- IBUPROPHEN/ADVIL-200mg 1-2 tablets
- COUGH DROPS (various brands)-dissolve 1 drop in mouth slowly and may be repeated every 2 hours FOR NO MORE THAN 7 DAYS. If symptoms worsen, or continue, a doctor must be consulted.

*****EMERGENCY EPINEPHRINE (EPI-PEN) IS AVAILABLE FOR ADMINISTRATION FOR A STUDENT HAVING AN ANAPHYLACTIC REACTION TO AN UNKNOWN ALLERGEN AT SCHOOL. PLEASE NOTIFY THE SCHOOL HEALTH OFFICE IN WRITING AS SOON AS POSSIBLE IF YOU DO NOT WISH FOR YOUR CHILD TO BE ADMINISTERED EPINEPHRINE IN THE EVENT OF AN EMERGENCY.**

*Is there any history of renal disease? Y or N Any known allergy to above listed medications? Y or N

If yes, list allergy _____

NAME OF STUDENT _____ GRADE _____

PHONE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____