

Wheeler High School/Wheeler Middle School

Creating a community of resilient, life-long learners

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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 _____