

Kent Center School 9 Judd Ave. Kent, Ct. (860) 927-3537

Student Name _____ Grade _____ Date _____

Allergies (specify): _____

Recent immunizations, injuries, surgery: _____

Health Concerns / Special Needs: _____

Please administer, during the 2008-09 school year, the following over the counter medications as prescribed by the school physician, Dr. Suzanne Lefebvre, to the above-mentioned student as directed below:

- A+D ointment for dry skin, chapped lips
- Ambesol for cold sores or toothache
- Ammonia (After Bite) for bee sting
- Bacitracin ointment for lacerations, tick bites, abrasions, or local wounds
- Benadryl for allergic reactions
- Calamine lotion for itchy rash or insect bites
- Cough drops for cough- (provided by parent)
- Hydrogen Peroxide for wound cleansing
- Ibuprofen (Motrin or Advil) for headache, pain, or discomfort
- Rubbing alcohol for pierced ear irritation
- Sunscreen for prolonged sun exposure
- Throat drops for scratchy throat- (provided by parent)
- Tylenol for headache, mild to moderate pain

*Please cross off the list and INITIAL any medication you do not want administered to your child.

*Please note: Generic forms may be used.

*Manufacturer dosage recommendations will be followed.

I hereby authorize the school nurse and appropriate school personnel permission to administer the above medications for the 2008-09 school year, as directed above.

Parent/Guardian's Signature _____ Date _____