

STUDENT HEALTH OFFICE TREATMENT FORM

Student Name: _____ **Date of Birth:** _____

The following medications and preparations have been approved by The Foote School’s consulting pediatrician to be on hand for use on an **as-needed basis** to help manage illness or injury.

The above named student may be administered the medication(s) below with the approval of both a parent and physician (**both signatures are required**). These medications will be given as directed on the medication container based on age and weight unless otherwise specified by the student’s physician.

Please check **YES** in the box next to any medication(s) or preparation(s) listed below if authorized for use: *Parents/Guardians will be informed of administration of pain relievers/fever reducers and antihistamines.*

Pain Relievers/ Fever Reducers	Yes	Topical Preparations	Yes
Acetaminophen (Tylenol)		Aquaphor- Dry, Chapped Skin	
Ibuprofen (Advil, Motrin)		Triple Antibiotic (Neosporin)- First Aid Antibiotic Ointment	
Antihistamine	Yes	Diphenhydramine Gel (Benadryl) - Pain and Itch Relief	
Diphenhydramine (Benadryl)		Insect bite antiseptic/pain relieving towelettes (Sting Relief)	
Ophthalmic Preparations	Yes		
Ophthalmic Solution Eye Wash		Cough	Yes
Lubricant Eye Drops (Refresh, Systane)		Cough Drops (Menthol-free)	
Contact Lens Solution			

Physician Comments/Instructions, if applicable:

Physician Signature: _____ **Date:** _____

Address: _____

Phone Number: _____

Parent 1/ Guardian Signature: _____ **Date:** _____

Parent 2/ Guardian Signature: _____ **Date:** _____

This form may be updated at any time after initial completion by informing the student health office. An updated form is **required** for new students and current students entering grades 3, 7 and 9.

Any additional Over-The-Counter (OTC) medications, not listed above, that your child may require must be provided in the original unopened container and accompanied by the **Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel Form** filled out and signed by the student’s parent and physician. The same is required for all prescription medications.

Both forms can be found on The Foote School website under “**School Forms**” on the “**Parents**” tab.