

HEALTH INFORMATION

PERMISSION SLIP FOR MEDICATION DISPENSED DURING SCHOOL

The Pennsylvania Department of Health has mandated rules and regulations for the administering of first aid and emergency care. The Rockwood Area School District procedures which involve the use of any "over the counter" medications are listed below. If you would like your child to receive any of these medications, should the need arise, please mark which ones your child may receive, sign the form and return it to the school nurse as soon as possible. Also, if you wish for your child to receive an over-the-counter medication not listed here, you must send it to the nurse with a handwritten permission signed by you.

Please circle the appropriate response:

Yes	No	Tylenol, Acetaminophen, non-aspirin – dose will be age/weight appropriate
Yes	No	Motrin, Advil, Ibuprofen – dose will be age/weight appropriate
Yes	No	Tums – for upset stomach
Yes	No	Bacitracin or Bactine for small wounds after they have been cleaned
Yes	No	Halls or a similar product for coughs unrelated to a more serious illness
Yes	No	Anbesol or orajel for toothaches
Yes	No	Blistex for chapped lips
Yes	No	Benadryl pills or liquid for reaction to bug bites/stings, seasonal allergies, or severe itching as necessary. May cause drowsiness.
Yes	No	Topical Benadryl Cream or Spray – for bug bites, non-serious rashes or itching

Physician Name		Phone Number	
Dentist Name		Phone Number	
Allergies to medicines	_____ Yes	_____ No	If yes please list what medication
Other Allergies	_____ Yes	_____ No	List allergies with reactions
Medications required at school	_____ Yes	_____ No	If yes, medication name Time given
Please list Medications taken on a daily basis at home:			
Special health needs the school should be aware of:			

Permission To Share Health Information:

I give permission to the Rockwood Area School District to share any medical information on this form that may affect the health or safety of my child to school personnel. Please understand that the information is used by school employees only to provide for the health, safety, and well being of the student and will be handled confidentially. As parent/guardian of the above named student, we hereby release the School District and all its employees from any and all liability for damages that our child may endure as a result of this request.

Parent/Guardian Signature: _____ Date: _____