

MIFFLIN COUNTY SCHOOL DISTRICT

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Lewistown, Pennsylvania 17044

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Vance S. Varner, Superintendent

Clint N. Aurand, Chief Operations Officer

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Parents:

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and/or ailments while in school. The administration of these items is intended for first aid only and is not indiscriminately dispensed. When a student is administered one of the listed medications below during school hours, you will be notified as deemed necessary by your child's school nurse.

There are parents who may not wish some, or all, of these items to be given to their child.

Please CIRCLE Yes or No for EACH medication.

YES / NO #1 - TYLENOL (age/weight appropriate dose -chewable available)

YES / NO #2 - CHLORASEPTIC SPRAY (for sore throat, fever blisters, gum discomfort)

YES / NO #3 - BACTINE SPRAY (for minor cuts or abrasions)

YES / NO #4 - BACITRACIN ANTIBIOTIC OINTMENT (apply locally when needed)

YES / NO #5 - CALAMINE OR ZIRADRYL LOTION (apply locally for poison ivy/hives)

YES / NO #6 - STING-KILL SWAB (to be used on insect bites)

YES / NO #7 - DACRIOSE EYE IRRIGATING SOLUTION (for dust in eye, etc.)

YES / NO #8 - MENTHOLYPTUS COUGH DROPS (for coughs and stuffy noses)

YES / NO #9 - BENADRYL (for allergic reaction)

YES / NO #10 - TUMS (upset stomach)

YES / NO #11 - ANBESOL WITH BENZOCAINE 20% (for mouth and gum irritation)

YES / NO #12 - BURN GEL (for burns)

YES / NO #13 - IBUPROFEN (age/weight appropriate dose – liquid available)

YES / NO #14 – ALOE (assist in reducing pain, redness, and inflammation of sunburned skin).

Availability varies by nurse's office.

The school nurse or designated school official has my permission to dispense this medication to my child. As parents/guardians of the child named below, I/we release the Mifflin County School District and its employees, or agents, from any and all liability for any injuries my child may suffer as a result of this request.

(Student's Name)

(School)

(Grade)

(Parent/Guardian Signature)

(Date)