



Medical Information and Consent 2019-20

I grant permission for my child to receive, as needed, the over-the-counter medications indicated below. School personnel will not be held liable for complications from medication administration. Parent/ guardian may be required to provide the over-the-counter medication.

YES	NO	
_____	_____	Tylenol (acetaminophen)
_____	_____	Calamine Lotion (for bug bites or rashes)
_____	_____	Triple Antibiotic Ointment (for scrapes and abrasions/Bacitracin)
_____	_____	Saline eye wash (eye irritation)
_____	_____	Benadryl 25 mg (allergy relief)
_____	_____	Midol (menstrual symptoms)
_____	_____	Chloraseptic Spray (sore throat spray)
_____	_____	Tums
_____	_____	Pepto Bismol (upset stomach reliever)
_____	_____	Cough drops
_____	_____	Ibuprofen 200 mg (NSAID)

List significant health information that school personnel should know about your child:

Medication or Food Allergies:

* If students has known Allergies "Allergy Form" must be completed and submitted to school

Please list medication(s) your child currently takes:

* If prescription medication is to be administered at school, Parent and Physician must complete the "Medication Administration in School" Form.

Has your child received immunizations since last year? Yes or No (if yes, submit updated immunizations)

* All New Students must submit immunization records

Please note: It is AZACS policy that a child should **not** be in school if they have a fever, rash or undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless treated medically or they are symptom-free. A child with a temperature of 100.4 degrees Fahrenheit or greater will be sent home. If your student is sent home from school, please keep in mind that he/she should not return to school until he/she has maintained a 98.6 degree (normal) temperature for 24 hours without being given medication for fever reduction (such as Tylenol, Motrin, etc.). The student should have experienced no vomiting or diarrhea for 24 hours before returning to school.



Signature of Parent/Guardian

Date