

MECDHH / GBSD
FIRST AID and Over-the-Counter Medication Form
2019-2020 School Year

Student's Name: _____ Date Completed: _____

We have first aid supplies and a few over-the-counter medications on hand for minor injuries and mild physical symptoms. Please indicate your preferences regarding the following treatments for your child:

	OK to give	Do Not Give	Call First
Tylenol/acetaminophen (age appropriate dose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advil/ibuprofen (age appropriate dose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl/diphenhydramine (for allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortisone ointment (for skin itching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibacterial ointment (for cuts/wounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tums (for upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian*

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.