

# The Registered Nurses of Findlay City Schools

"Helping our students grow with good health."

Nurse's Office

Bigelow Hill  
427-5484

Chamberlin Hill  
425-8330

Donnell Middle  
429-3709

Findlay High  
425-8308

Glenwood Middle  
429-3744

Jacobs  
420-7029

Jefferson  
425-8389

Lincoln  
420-7019

Northview  
425-8327

Whittier  
425-8351

Wilson Vance  
420-7010

## 2018-2019

Dear Parent or Guardian:

From time to time, students have medical needs that could be met at school by giving them over-the-counter medications. Our current School Board Policy will allow the over-the-counter medications listed below to be given without a physician's signature; however, parent consent is still required. This permission form will allow the process to work better for you, your child, and the School District.

Please let the nurse know if you have questions or concerns about this matter. Please return the permission form to school as soon as possible.

Thank you.

As the parent/guardian of \_\_\_\_\_, a student in the Findlay City School System, I grant permission to the school nurse, principal, and/or his/her delegate to give the following medications to my child at his/her discretion:

Acetaminophen (Tylenol/Tempra) Yes <input type="checkbox"/> No <input type="checkbox"/>	Antibiotic Cream (Bacitracin) Yes <input type="checkbox"/> No <input type="checkbox"/>
Ibuprofen (Motrin/Advil) Yes <input type="checkbox"/> No <input type="checkbox"/>	Caladryl (for Itching) Yes <input type="checkbox"/> No <input type="checkbox"/>
Antacid (Tums) Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Drops Yes <input type="checkbox"/> No <input type="checkbox"/>
Eye Irrigation Yes <input type="checkbox"/> No <input type="checkbox"/>	Ora-Gel (Mouth Irritation) Yes <input type="checkbox"/> No <input type="checkbox"/>

By this permission, I voluntarily, on behalf of my child named above and myself, release the Findlay City School District, nurse, principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medications listed above. I further understand that this permission continues in place until I provide any written changes to the building principal.

Further, I understand that if my child withdraws and enters another building, I may be asked to follow the current Board Policy (9.10) which specifies prior approval from a physician to administer medicine as well as parental approval.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Address of Parent/Guardian

