



Consent for Simple First Aid Treatment

Student's Name		DOB	
Teacher		Bldg.	
Allergies to Medications			

Dear Parents/Guardians:

As the District Nurse, I am available on a fulltime basis to provide student health care services during the school day. Often, simple acute conditions of students are brought to my attention, which may include, but not be limited to, minor cuts or scrapes, insect bites, chapped lips and minor bumps/bruises. If you would like me to administer the simple evidenced-based first aid measures below immediately, please complete this form and return it to school with your child.

- Yes No White petroleum jelly (such as for chapped lips and cheeks)
- Yes No Zinc oxide (such as in diaper rash cream)
- Yes No Antibiotic ointment (such as for a mild to moderate cut)
- Yes No Caladryl/calamine lotion (such as for a minor allergic rash)
- Yes No Diphenhydramine (Benedryl) cream (such as for a minor allergic rash)
- Yes No Hydrocortisone 1% cream (anti-itch cream for use with rashes and skin irritations)
- Yes No Ice (such as for a mild to moderate bruise)
- Yes No Therma-Care heat packs (such as for a strained neck or back)
- Yes No Tick removal from student (If NO is selected, you will be called to pick up your student)

If the above administered treatments are provided, I will always contact you either by telephone or in a note sent home with your child. If you choose not to complete this form, I will seek your permission first before administering any of the above. Please don't hesitate to contact me with any questions, concerns, or suggestions you have at any time during the school day.

In Good Health,

Brittney Hauch, RN
LISD Nurse

I give my permission for the above-named student to receive the simple first aid measures as indicated above, administered by the District Nurse, Brittney Hauch.

Please note: Confidential information about your student's health may be shared only with other school staff that need to know to protect your child's safety.

Signature of Parent/Legal Guardian

Date

Telephone Number

(Your typed signature will be considered the same as a wet signature.)