

## George Stevens - Health Authorizations

### Consent to Emergency Treatment:

This is to certify that I, parent or guardian of \_\_\_\_\_, hereby grant permission for the adult supervisors to obtain medical care from any licensed physician, hospital or medical clinic for the student named herein at such time as either parent or guardian cannot be contacted in person or by phone. This authorization shall also include all activities, and we do hereby waive, release, absolve, indemnify, and agree to hold activity sponsors, organizers, supervisors, and participants, for any claim arising out of injury to the student or accidents that may occur during the activity.

I agree  I do not agree

### Consent to Share Medical Information:

I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

I agree  I do not agree

I give my child permission to see the school counselor.

Yes  No

### Over-the-counter Medications:

Please indicate which medications you are giving consent to be administered to \_\_\_\_\_ at school. Dosage given will be administered per age/weight instructions on medication container.

These medications will be administered on an as needed basis. All medications are kept in the nurse's office. They may be given at the nurse's discretion, by the nurse or designated school personnel.

Acetaminophen  
ex. Tylenol  
 Yes  No

Antacid  
ex. TUMS  
 Yes  No

Cough drops or throat lozenges  
ex. Vicks, Halls  
 Yes  No

Ibuprofen  
ex. Advil  
 Yes  No

Antibiotic ointment  
ex. Neosporin  
 Yes  No

Antihistamine  
ex. Benadryl, Zyrtec or Claritin  
 Yes  No

Decongestant  
ex. Phenylephrine, Sudafed  
 Yes  No

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

Date \_\_\_\_\_