**CONSENT FOR TREATMENT**

**ONSTED COMMUNITY SCHOOLS**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dear Parent/Guardian:

The School Nurse is available on a part-time basis to provide student health care services during the school day. It is necessary for you to sign this form in order for your child to receive health care services from the School Nurse or school staff.

I give my permission for the above named student to receive basic health care treatment, health education and emergency care provided by the school nurse and/or school staff. I understand the medications listed below may be administered to my child by or under the direction of a Registered Nurse.

* Antibiotic ointment (i.e. Neosporin)
* Hydrocortisone cream
* Caladryl lotion
* Bee sting relief (contains Benzocaine)
* Eucerin lotion

Tylenol or Motrin will **NOT** be administered to your child unless provided by you the parent/guardian along with medical authorization from your child’s physician, or if your student is a patient of the Wildcat Wellness Telehealth Clinic.

*Please note. Confidential information about your student’s health may be shared only with other school staff that needs to know to protect your child’s safety. They are told to keep this health information private and not to share with anyone else. If there is health information you would like not to be shared, please contact the school nurse.*

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Parent/Guardian Signature Date

**This consent is valid for the 2016-17 School Year.**