

# First Aid Product Release

2009-2010

## Casas Christian School

10801 N La Cholla

Tucson, AZ 85742

(520) 297-0922

Dear Parents,

Occasionally your child may require first aid during the school day. For these occasions, our school's Health Office maintains a limited supply of first aid products. Please complete the following form and return it to the School Office with enrollment materials.

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade (2009-2010 School Year): \_\_\_\_\_

I/we give permission for the above named student to have first aid administered when deemed necessary. ***Please indicate with your initials any/all items your child may receive.***

| <i>Initial below</i> |  | <i>Initial below</i> |  |
|----------------------|--|----------------------|--|
|                      | Bacitracin Ointment ( <i>antibiotic ointment for abrasions</i> ) |                      | Petroleum Jelly ( <i>for chapped or dry lips</i> )   |
|                      | Benadryl Cream/Gel ( <i>itching</i> )                            |                      | Sterile Eye Wash ( <i>Boric acid, Purified water, Sodium Borate and Sodium Chloride for sand in eye, etc</i> ) |
|                      | Benzalkonium Chloride ( <i>antiseptic for abrasions</i> )        |                      | Sunblock Lotion ( <i>In the event a child failed to provide his own lotion</i> )                               |

I authorize the Health Aide or individual designated by the Principal to be my agent to administer to my child the above noted first aid products.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

***Please Note: No medication may be given without parental consent and/or a doctor's order (if applicable). Parent must also provide the medication. Please refer to the school handbook for further information.***