



Standard Health Room Medication Administration PARENT CONSENT

St. Gerard Majella School will have the following medications available for student use in the Nurse's Office. Please check the box next to the medication(s) you consent your child/ren to use while at school. If all medications are permitted, please sign and return by the first day of school.

- ☐ Antibiotic Ointment
- ☐ Cough Drops by nurse discretion
- ☐ Calamine Lotion
- ☐ Hydrocortisone Cream 1%
- ☐ Sunscreen
- ☐ Lip Balm

- ☐ I certify that that my child/ren has no known allergies to the above medications.
- ☐ I consent to my child having any of the above medications while at school.

Parent Signature: _____

Date: _____

Printed Parent Name: _____

Family Name: _____

Child: _____

Grade: _____

Child: _____

Grade: _____

Child: _____

Grade: _____

Child: _____

Grade: _____