

Health room treatments are listed below. All products will be used according to the product's directions. Please **check** if you **consent** or **object** to each treatment.

	<u>CONSENT</u>	<u>OBJECT</u>
FOR HEADACHE: Use product directions		
Children's Acetaminophen chewable or liquid	_____	_____
Children's Ibuprofen chewable or liquid	_____	_____
Adult Strength Acetaminophen	_____	_____
Adult Strength Ibuprofen	_____	_____
FOR COUGH/SORE THROAT: Use product directions		
Cough drops	_____	_____
BEE STINGS OR INSECT BITES: Use product directions		
Lanacane Spray	_____	_____
Witch Hazel	_____	_____
UPSET STOMACH: Use product directions		
Tums (chewable)	_____	_____
Pepto Bismol (chewable)	_____	_____
EYE IRRITATIONS:		
Warm water rinse with eyecup	_____	_____
Tears Naturale - Preservative Free	_____	_____
FIRST AID FOR MINOR SCRAPES/ITCHING:		
Neosporin	_____	_____
Calamine Lotion	_____	_____
Alcohol / Witch Hazel	_____	_____
Lanacane Spray	_____	_____
OTHER FIRST AID MEASURES:		
Ice Packs/ Hot Water Bottle/Compresses	_____	_____
Simple dressings	_____	_____

I hereby release Noble Academy, its agents and employees from any and all liability for injuries or illnesses that may result from my child taking any of the above non-prescription medications that I have marked "consent"; and/or, from any basic first aid treatment given to my child during school hours or while they are attending after-school activities. In an emergency, I hereby authorize the School to provide first aid and then to either summon medical assistance or to transport my child to a health care facility for further treatment. I understand that emergency treatment may be provided without my consent. I hereby release and indemnify the School, its agents and employees from any and all liability arising from transportation to health care facilities or the rendering of health care by a hospital or health care provider. To the best of my knowledge, all the above information is accurate and complete. While all information is strictly confidential, I hereby authorize the Health Room staff to share any information with a member of the Noble Academy staff if they feel it is necessary for the safety and welfare of my child.

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM TO THE FRONT OFFICE