



To Whom It May Concern:

I, _____, give permission for the health room staff to administer the following to my
Parents or Guardians Name

Student: _____ as the Health Room deems necessary.
Student's First and Last Name

Parents,

Per state law, we can only administer cough drops, Petroleum Jelly (Vaseline for chapped lips), lotion or sunscreen with a signed parent/guardian permission slip. Please mark each box with your preferences, and then sign and date the form below. Please be advised that you must provide the health room with your student's sunscreen, and cough drops, and we do not always have lotion. If you want your student to have a specific lotion, or they may be allergic to any type of lotion, please provide your own. We have limited resources, but may be able to provide your student with Vaseline and lotion as our supplies allow. Please initial in the appropriate box. Please note that none of these items will be applied to open wounds or broken skin unless there is a written order by the prescribing practitioner/doctor.

YES

NO

Vaseline, Chapstick or other un-medicated lip care

Lotion (not always available)

Sunscreen (must be provided by parent)

Cough/ Sore Throat Drops (Kept in Health Room & provided by parent)

Feminine Products (pads only, no tampons)

X _____

Parent or Guardian Signature



Printed Name of Parent or Guardian

Date: ___/___/___