

GRANBY PUBLIC SCHOOLS
Student Health and Emergency Information

Please complete the following form (BOTH sides) & return to School Nurse by Sept. 7, 2018

2018-2019 Medical Directives for School Nurses

The Nurse's Office may contain a limited number of doses of medication listed.

For minor discomfort, headache, menstrual pain, musculoskeletal pain, etc.

Acetaminophen (Tylenol):

- a. Children under age 12: Chewable or liquid as directed on package label based on weight
- b. Children over age 12: 325-650 mg in tablet, chewable, or liquid

Ibuprofen (Motrin):

- a. Children under age 12: Chewable or liquid as directed on package label based on weight
- b. Children over age 12: 200-400 mg as directed on package label

A & D Ointment: Applied topical as needed for dry/chafed skin, minor cuts, or closed burns

Calamine/Caladryl Lotion: Applied topically as needed for minor skin irritation, itchy rash, insect bite, etc.

Epipen Auto-injector: For students with no known history of anaphylaxis, emergency auto-injector per GPS Emergency Protocol:

- *0.3mg Epinephrine for children/Adults over 66 lbs
- *0.15mg Epinephrine for children under 66lbs

Saline Eye Drops: As needed to flush eye and/or moisturize dry eyes

Benadryl: Liquid as directed on package label based on weight as needed for seasonal allergies and/or local allergic reactions

Cough drop: as needed for minor throat dryness, irritation, cough, etc

Fragrance Free Hand Lotion: As needed for dry or irritated skin


Tums (Antacid): As needed for minor gastric distress or ingestion

Petroleum Jelly (Vaseline): As needed for dry skin and lips

I have reviewed the school doctor's standing orders attached to this form. I give permission for my child to receive nursing care and medication as deemed necessary by the school nurse within the guidelines of the "Standing Orders." **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE SCHOOL NURSE IN WRITING WITH SPECIFICITY IF I DO NOT WISH FOR MY CHILD TO RECEIVE CARE AND MEDICATION IN ACCORDANCE TO THOSE GUIDELINES.**

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel and school transportation services when needed to meet my child's health and safety needs. I give permission to the school nurse to exchange information with my child's primary health provider and other medical specialists who writes physician orders for my child for the purpose of referral, diagnosis, and treatment.

***PLEASE NOTE: Students cannot participate in athletics or school field trips when this form IS NOT on file in the School Nurse's office.**

<hr/> <p style="text-align: center;">Parent/Guardian Signature</p>  <hr/>	<hr/> <p style="text-align: center;">Date</p> <p style="text-align: center; font-size: 1.2em;">6/28/18</p> <hr/>
<p>Thomas Wadzinski, MD, PhD, School Physician</p>	<p>Date</p>

****** PLEASE COMPLETE BOTH SIDES******