

Shady Oak Primary School

Medical First Aid Authorization Form

Student's Name: _____

I hereby authorize Shady Oak Primary School to administer the following medications and/or first aid treatment in the event of an accident that may occur while at school. This consent will also include any off campus situation while a child is in the custody of Shady Oak Primary School. **There is an understanding that every effort will be made to contact the parent, however, in the event that the parent/guardian cannot be reached, treatment is always documented in the child's folder so it can be retrieved by the parent at your convenience.**

Shady Oak Primary School makes every effort to keep the following items on hand, yet parents are welcome to provide their own medical supplies. Please indicate the items that may be administered to your child if the need arises while at school.

Hydrogen Peroxide

Therapeutic Essential Oils

Neosporin

Band Aids

Thermometer

The following medical supplies must be provided by the parents:

Insect repellent, sun screen, Tylenol, Advil, Bendryl

Please place a check to the left of each item indicating that you have been made aware of Shady Oak Primary School's policies and procedures as follows. Sign and date where provided below.

ALLERGIES: I understand that if my child has severe allergies of which I am aware, an epinephrine pen should be provided and left at school in case of an emergency, thus giving Shady Oak Primary School permission to use the epinephrine pen if the need arises.

Prescription Medications: I understand that all medications, including those prescribed, must be signed in at the office. Medication must be in its original container in order to be administered by Shady Oak Primary School.

Parent/Legal Guardian: _____ Date: _____