



# VENERINI ACADEMY

27 Edward Street, Worcester, MA 01605/ Tel. 508-753-3210 x6/ Fax 508-754-6050

Dear Parents,

There are times when over the counter medications may be appropriate to relieve mild pain (such as a headache, toothache, or cramps), skin abrasions, temporary relief of itching due to skin irritation or for a mild allergic reaction so that a child may return to his/her school work. We would like your permission to give any of the following medications in school when such an occasion occurs. Before medications are administered we will ask your child about his or her symptoms. We will speak with him/her about the cause of the problem and the use of medicines. Medication will not be our first and only treatment. Only one dose of Tylenol or Motrin will be given during the school day if deemed necessary. If your child's pain becomes worse, or reoccurs, we will contact you and make a referral for follow-up treatment. If you wish to have your child receive over the counter medications in school, please fill out the attached history and consent form and return to the health office in the enclosed envelope.

Thank you,  
Kelli Randall, R.N.

Here is a list of medications that we will be utilizing in the health care office. Please check those medications your child may receive and sign on the parent/guardian line.

**For headache/minor pain:**

\_\_\_\_\_ Tylenol/acetaminophen (elixir or tabs): every 4 hours for pain and/or fever (fever only at parent's request when student is awaiting dismissal).

\_\_\_\_\_ Ibuprofen/Advil/Motrin (elixir or tabs): every 6 hours for pain and/or fever (fever only at parent's request when student is awaiting dismissal).

**For sour stomach, acid indigestion/heartburn:**

\_\_\_\_\_ Tums/Tums Kids age 5-12/calcium carbonate/antacid (chewable tabs): for relief of heartburn, sour stomach, acid indigestion.

**For cold/allergy symptoms:**

\_\_\_\_\_ Benadryl/diphenhydramine (elixir/chewable tabs or pills): every 6 hours as needed for allergic reaction (hives, insect bites, allergy).

\_\_\_\_\_ Liquid Zyrtec/cetirizine hydrochloride (oral solution): PRN for seasonal allergies (only at parent's request)

\_\_\_\_\_ Throat Lozenges

\_\_\_\_\_ Throat Relief Pops/Pectin (oral demulcent): soothe sore, irritated throat (for young children not able to safely managed lozenges)

\_\_\_\_\_ Zaditor/ketotifen fumarate (ophthalmic solution): antihistamine eye drops (only at parent's request for severe seasonal allergies)

**For Poison Ivy:**

\_\_\_\_\_ Calamine or Calagel Lotion

\_\_\_\_\_ IvyRid Spray

**Other topical products:**

\_\_\_\_\_ Bacitracin/Neosporin (ointment): for skin abrasions and/or skin lacerations.

\_\_\_\_\_ Hydrocortisone 1%(cream/ointment): for temporary relief of itching associated with minor skin irritation and/or rash.

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Aloe Vera soothing gel to relieve sunburn.

\*All medications dosages are given per label instructions by age and weight.

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Health History:**

1. Is there any reason why your child should not receive Tylenol or Motrin? \_\_\_\_\_
  - Is your child allergic to Tylenol or Motrin? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Does your child have a history of liver disease? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Does your child have nasal polyps? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Does your child have a history of a bleeding disorder? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Does your child gastrointestinal disorders? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Operations or serious injuries (Dates) \_\_\_\_\_
3. Chronic or recurring illness \_\_\_\_\_
4. Drug/Food Allergies \_\_\_\_\_

**Important: Consent for Treatment/Transfer/Screening**

Parent/Guardian Authorization: I hereby give permission to the school to provide routine health care, administer prescribed medication, provide health care screenings (BMI, height, weight, hearing, vision and postural), and seek emergency medical treatment including transportation, ordering x-rays and routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the school health care team to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_