

Jubilee Junction Over-the-Counter Product Release

Occasionally your child may require first aid during the day. For these occasions, we maintain a limited supply of first aid products. Please complete the following and return to your child's teacher.

Child's Name _____

I/we give permission for my child to have these first aid products administered if a minor injury occurs. *Please indicate with a check mark any/all items your child may receive.*

- | | |
|---|---|
| <input type="checkbox"/> Bactine (abrasions, cuts) | <input type="checkbox"/> Caladryl (itching) |
| <input type="checkbox"/> Benadryl Spray (insect bites) | <input type="checkbox"/> Sterile Eye Wash |
| <input type="checkbox"/> Hydrogen Peroxide (abrasions) | |
| <input type="checkbox"/> Triple Antibiotic Ointment (Bacitracin, Neomycin, Polymyxin B Sulfate for abrasions) | |
| <input type="checkbox"/> Desitin (diaper rash for children in diapers only) | |

I authorize the person in charge to administer to my child the above first aid products.

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date