

# 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.

I 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"/> 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.

Child's Name	Date
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Signature	Print Name
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