

**POLICY FOR ILLNESS AND MEDICINE DISTRIBUTION**  
**2009-2010**

The following symptoms will describe our decision to send your child home from school. If your child has fever, vomiting, diarrhea, moderate to severe pain, or head lice, we will contact you to come get your child. He or she will need to return to school ONLY after being free from symptoms for 24 hours. Please complete the following.

Phone number(s) most likely to reach you \_\_\_\_\_

Please provide the name and number of 3 people who can get your child/children if you are unable to be reached. (Can be spouse, grandparent, friend, etc.) Let them know you have put their name on the list of possible contacts.

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Listed below are the medications we can administer in the event of mild pain, cold symptoms, itching, or small cuts and scrapes. Your signature gives us permission to administer the medications . All medications will be given according to package directions. .

- Acetaminophen (Tylenol) - Ibuprofen (Motrin) - Antiseptic/Analgesic Spray
- Diphenhydramine (Benadryl) - Neosporin (topical antibiotic )
- Diphenhydramine/Phenylephrine (Allergy/Sinus medication) Orajel (Mouth/Tooth Pain)
- Antacid (Tums) - Stomach Relief (Pepto) - Topical Itch Cream or Lotion

Child's Name\_\_\_\_\_

Child's Name\_\_\_\_\_

Child's Name\_\_\_\_\_

Child's Name\_\_\_\_\_

Child's Name\_\_\_\_\_

\_\_\_I give my permission for Bethel Christian School to administer the medications above with the exception of \_\_\_\_\_

\_\_\_DO NOT administer ANY medications to my child/children.

PARENT  
SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_