

2901 Winona Drive
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Non-discriminatory



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Bethel-Christian.com

DECIDEDLY ACADEMIC DISTINCTLY CHRISTIAN

Policy for Illness and Medicine Distribution

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.) Please 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 – Cough drops

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

Child's Name _____ Grade: _____

_____ 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.

_____ In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

PARENT/LEGAL GUARDIAN _____ DATE _____

