



SEALY INDEPENDENT SCHOOL DISTRICT
Sealy ISD Health Services

939 Tiger Lane ~ Sealy, Texas 77474

Phone: 979-885-3516 ~ Fax: 979-885-6457

Parental Consent for Medications and Treatments

Student Name: _____ **Grade:** _____ **DOB:** _____

Known Allergies: _____

I give permission for the School Nurse/Campus Nurse, Unlicensed Medication Care Assistant or Principal to give the following medications and/or treatments according to manufacturer's guidelines as needed:

Yes	No	Medication/Treatment
		Diphenhydramine (Benadryl) Dye Free; ONLY to be used for emergency life-saving measures due to unknown anaphylaxis
		Hydrocortisone Cream 1%
		Bacitracin Ointment
		Visine Eye Drops and/or Eyewash Solution
		Second Skin Cooling Gel Pads
		Salt Water Gargle/Rinse
		Dental Floss/Picks
		Orthodontic Wax
		Vaseline
		Blood glucose check by finger stick/glucometer
		Narcan; ONLY to be used for emergency use of suspected or confirmed opioid overdose

Parent Name: _____ **Contact Number:** _____

Parent Signature: _____ **Date:** _____