

# MIFFLIN COUNTY SCHOOL DISTRICT

201 Eighth Street - Highland Park  
Lewistown, Pennsylvania 17044

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James A. Estep, Superintendent

Vance S. Varner, Director of Secondary Education

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Parents:

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and/or ailments while in school. The administration of these items is intended for first aid only and is not indiscriminately dispensed. When a student is administered one of the listed medications below during school hours, you will be notified as deemed necessary by your child's school nurse.

**There are parents who may not wish some, or all, of these items to be given to their child.**

**Please CIRCLE Yes or No for EACH medication.**

YES / NO #1 - TYLENOL (age/weight appropriate dose -chewable available)

YES / NO #2 - CHLORASEPTIC SPRAY (for sore throat, fever blisters, gum discomfort)

YES / NO #3 - BACTINE SPRAY (for minor cuts or abrasions)

YES / NO #4 - BACITRACIN ANTIBIOTIC OINTMENT (apply locally when needed)

YES / NO #5 - CALAMINE OR ZIRADRYL LOTION (apply locally for poison ivy/hives)

YES / NO #6 - STING-KILL SWAB (to be used on insect bites)

YES / NO #7 - DACRIOSE EYE IRRIGATING SOLUTION (for dust in eye, etc.)

YES / NO #8 - MENTHOLYPTUS COUGH DROPS (for coughs and stuffy noses)

YES / NO #9 - BENADRYL (for allergic reaction)

YES / NO #10 - TUMS (upset stomach)

YES / NO #11- ANBESOL WITH BENZOCAINE 20% (for mouth and gum irritation)

YES / NO #12 - BURN GEL (for burns)

YES / NO #13 - IBUPROFEN (age/weight appropriate dose – liquid available)

**The school nurse or designated school official has my permission to dispense this medication to my child. As parents/guardians of the child named below, I/we release the Mifflin County School District and its employees, or agents, from any and all liability for any injuries my child may suffer as a result of this request.**

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)