

CLOVIS MUNICIPAL SCHOOLS
PARENT/GUARDIAN CONSENT FORM
NON-PRESCRIPTION OVER-THE-COUNTER MEDICATIONS
(Elementary Students)

Dear Parent/Guardian:

Occasionally your child may sustain an injury at school that requires basic first aid - soap, water, ice, and/or a bandage – but also the application of a non-prescription over-the-counter **antibiotic ointment** for infection prevention. For these occasions the Clovis Municipal Schools must have written parental permission.

Each school nurse maintains a supply of **topical antibiotic ointment** for treatment of minor wounds involving cuts and scrapes. The school nurse will provide any necessary first-aid treatment prior to the application of the ointment.

Please provide the information below and return this form to the school nurse if you want your child to receive topical antibiotic ointment should the need arise during the school day. Parent/guardian contact will be attempted before medication is administered.

Name of Student _____

Date of Birth _____ Grade _____

List all medication allergies _____

If none, write “No Known Medication Allergies” _____

I authorize the school nurse to use the following for minor injuries my child may sustain:

_____ Topical Antibiotic Ointment

Signature of Parent

Date

Daytime phone number _____

- ❖ Please be advised that this is the only time in your child’s school career that you will be asked to sign this form giving consent for the use of Antibiotic Ointment. This form will be maintained in your child’s health folder and will follow him or her throughout the Clovis Municipal School District.
- ❖ If at any time you wish to change your mind about this consent, you will need to do so **in writing** at the school your child attends.