

Dear Parents,

It is the policy of the Georgia Baptist Conference of the Deaf (GBCD) that any medications taken during GBCD are to be dispensed through GBCD's nurse.

The administration of prescription drugs can only be done as prescribed by a licensed physician or dentist. You should send any prescription medication to school in the prescription bottle or container it came in from the pharmacy. The prescription must have the student's name, the name of the medication, the dosage, time, route, name of the pharmacy, and the physician's name. Medication will not be given if it has expired or if it has an improper label. The student's parent or guardian will be required to sign a request to have prescribed medications dispensed according to the written directions of the physician or dentist.

During the course of GBCD, we often find it becomes necessary to utilize ingested or topical medications in the treatment of minor injuries or illnesses. Such conditions may be sore throat, headache, upset stomach, scratches, blisters, etc. The products we use most often in our school district are listed below. If you do not want your child to receive a product listed below, please cross out that medication. These medications will not be given without the attached parental permission signed.

- Acetaminophen (Tylenol)
- Benadryl Spray
- Ibuprofen
- ½ % Hydrocortisone Cream
- Mentholated Cough Drops
- Neosporin Ointment
- Hydrogen Peroxide
- Burn Gel
- Calagel Lotion
- Bactine Spray
- Visine Eye Drops
- Maalox/Tums

Generic equivalents may be used

In case of severe breathing difficulty, the nurse will assess the vital signs and severity of breathing difficulty; she will also attempt to determine the cause of the breathing difficulty. 911 will be called to respond to the situation. The nurse will continue to monitor the student's vital signs until the 911 paramedics arrive. The child's parents will also be contacted immediately.

PARENTAL PERMISSION:

I hereby give my permission for my child _____ to receive any of the medications listed above, as appropriate while attending GBCD.

PARENT SIGNATURE _____

DATE _____