WATKINS GLEN CENTRAL SCHOOL DISTRICT
HEALTH OFFICE TREATMENT ORDERS

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian Consent:

- Initial the box of any item you are giving approval to us to assist your child with during the school year. Signature and date of parent/guardian is required at bottom of form.
- Provider order required for the items parent/guardian has indicated permission for the health office to assist with. Provider must initial these as well and sign and date at the bottom.

Medication	Indications for use and conditions under which medication should be administered. Please add indications if needed	Dosage and Route of Medication	Frequency and/or Time	Health Care Provider Consent (Please Initial)	Parent/ Guardian Consent (Please Initial)
Sunscreen (parent must provide)					
Cough Drops (parent must provide)					
Calamine/Anti itch Lotion	Insect bites and itchy rashes				
Baking Soda paste /ice	Acute bee sting				
Vaseline	Chapped lips				
Non-fragrant lotion	Dry skin				
Saltwater gargle	Sore Throat/cough/mouth Gum soreness				
Sterile Saline wound wash	To clean cuts/abrasions				
Aloe Gel/lotion	Sunburn				
Normal Saline	Dry/irritated eyes				
Burn stop with lidocaine	Minor burns/scalds- not used on open wounds				
Neosporin	Superficial wound care				
Blood sugar Check with glucometer	Symptoms of low or high blood sugar				
Personal care products – body soap/shampoo/conditioner/ Deodorant/toothpaste	As needed for Hygiene				

Parent/Guardian Signature: **Date:**

Provider Signature: **Date:**