LA HABRA CITY SCHOOL DISTRICT

500 North Walnut Street La Habra, CA 90631

HEALTH SERVICES

PARENT REQUEST FOR SCHOOL USE OF FIRST AID PRODUCTS

(SUPPLIED BY PARENTS WITHOUT PHYSICIAN AUTHORIZATION)

Grade: _____

Student Name: _____ **D.O.B.** _____ **Room:** _____

PARENT REQUEST

I request that the first aid products, as checked (✔) in the list below, be administered to my child. This includes my agreement/understanding that:

1. These products are approved by me for first aid use at school. I will supply the products checked (✔) below for my child, and this authorization is effective for this school year and may be renewed annually.
2. Designated personnel will administer first aid use of these products per directions specified below.
3. The qualified School Nurse is the consultant to designated personnel regarding information about product use and related first aid questions and concerns.

Parent Name: _____ **Signature:** _____ **Date:** _____

PRODUCTS AUTHORIZED (✔)	PRODUCT NAME	DIRECTIONS FOR USE (HEALTH OFFICE, CHILD CARE PROGRAM, FIRST AID KITS and RELATED SCHOOL HEALTH SERVICES)
	Baby Powder	Apply to perineum when diapering (after cleansing perineum) to prevent or minimize chafing.
	Contact Lens Solution	Have student use for cleaning and lubricating contact lenses.
	Diapering Ointment or Cream (i.e. A&D, Desitin, ect.)	Apply to perineum when diapering (after cleansing perineum) to prevent or minimize chafing.
	Diapering Wipes	Use to cleanse perineum when diapering or during toileting assistance. Have student use for the same purpose if able to participate in self-care.
	Non-Medicated Lip Balm (i.e. Carmex, Blistex, Vaseline, etc.)	Have student apply to lips as a lubricant for relief of cold sore discomfort.
	Perineal Wash (i.e. Periwash, etc.)	Use to cleanse perineum when diapering or during toileting assistance. Have student use for the same purpose if able to participate in self-care.
	Suntan or Sun Block Lotion	Apply to exposed skin to minimize or prevent sunburn. Avoid application close to eyes/eyelids to prevent contact with sensitive tissue.
	Throat Lozenges or Hard Candy (Non-Medicated, but Menthol is ok)	Use for relief of throat irritation.
	Topical Anesthetic (i.e. Orajel, Numzit, Ambesol, etc.)	Apply to gums to minimize or soothe teething discomfort.
	Other _____ (Please fill in)	

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SERVICIOS DE SALUD

SOLICITUD DE LOS PADRES PARA EL USO DE PRODUCTOS DE PRIMEROS AUXILIOS

(CONCEDIDO POR LOS PADRES SIN AUTORIZACIÓN MÉDICA)

Grado: _____

NOMBRE DEL ESTUDIANTE: _____ **D.O.B.**: _____ **Salon:** _____

SOLICITUD DE PADRE

Solicito que los productos de primeros auxilios, que están marcados con (✔) en la lista de abajo, sean administrados a mi hijo/a. Esto incluye mi acuerdo/entendimiento que:

1. Estos productos son aprobados por mi para el uso de primeros auxilios en la escuela. Proporcionaré los productos marcados con (✔) a continuación para mi hijo, y esta autorización es efectiva para este año escolar y se puede renovar anualmente.
2. El personal designado administrará el uso de primeros auxilios de estos productos según las instrucciones especificadas a continuación.
3. La enfermera escolar calificada es la consultora del personal designado sobre el uso del producto y las preguntas/preocupaciones relacionadas con los primeros auxilios.

Nombre del Padre: _____ **Firma:** _____ **Fecha:** _____

PRODUCTOS AUTORIZADOS (✔)	NOMBRE DEL PRODUCTO	DIRECCIONES PARA EL USO (HEALTH OFFICE, CHILD CARE PROGRAM, FIRST AID KITS and RELATED SCHOOL HEALTH SERVICES)
	Baby Powder	Apply to perineum when diapering (after cleansing perineum) to prevent or minimize chafing.
	Contact Lens Solution	Have student use for cleaning and lubricating contact lenses.
	Diapering Ointment or Cream (i.e. A&D, Desitin, ect.)	Apply to perineum when diapering (after cleansing perineum) to prevent or minimize chafing.
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