



Family Name: _____

Mary Carrico Catholic School

9546 Hwy 144

Philpot, KY 42366

Phone #: (270) 281-5526

Fax #: (270) 281-5526

FIRST AID PERMISSION FORM

According to Diocesan Policy we may administer the following topical meds to your child, with your permission. The attached form will need to be filled out and returned to the school in order for your child to receive these meds. It will no longer be necessary to send individual bottles of acetaminophen or ibuprofen to school if you return the completed form, though donations are appreciated. All other meds for your student must be brought to school by the parent in the original container; prescription meds must also come with doctor's orders for administration.

Mary Carrico Catholic School has permission to administer the following items to my child(ren) named below:

1. _____
2. _____
3. _____
4. _____

Check all that apply:

- hydrogen peroxide
- isopropyl alcohol
- * triple antibiotic ointment (Neosporin)
- * Hydrocortizone cream (itch relief)
- * children's **chewable** tylenol
- * children's **chewable** ibuprofen
- acetaminophen tablet (Tylenol)
- ibuprofen tablet
- cough drops
- allergy tablet
- band aids
- Tums
- Pepto Bismal (chewables)

Donations of any of the listed items would be appreciated, especially those with an (*):

* All items should be unopened, with original seal, and expiration dates should be current.

Parent Signature: _____ Date: _____