

## **St. Vincent DePaul Catholic Schools**

**DATE:** \_\_\_\_\_

Dear Parent,

St. Vincent DePaul Catholic Schools **does not provide** over the counter medications for their students. A **Physician Consent for Medication** form must be filled out and signed by a physician if your child requires medication, prescription or over the counter. Please contact the Health Office for more information.

Medical supplies that will be available for students include:

- Neosporin
- Vaseline petroleum jelly
- Band-aids
- Hydrocortisone Cream
- Hydrogen Peroxide
- Calamine Lotion
- Natural Tears

Concerns about the use of these products should be addressed with the Health Office.

I authorize the use of the above named products for use on my child(ren).

Parent Signature: \_\_\_\_\_

### **Disaster Information**

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_  
Last First

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_  
Last First Home # \_\_\_\_\_

E-mail address: \_\_\_\_\_

In the event of a natural disaster, the following have permission to have my child(ren) released into their custody.

Name \_\_\_\_\_ Home/work or cell # \_\_\_\_\_

Name \_\_\_\_\_ Home/work or cell # \_\_\_\_\_

Name \_\_\_\_\_ Home/work or cell # \_\_\_\_\_

List Children & Homeroom

\_\_\_\_\_  
Homeroom \_\_\_\_\_  
\_\_\_\_\_  
Homeroom \_\_\_\_\_  
\_\_\_\_\_  
Homeroom \_\_\_\_\_

Signature of person picking up child(ren) the day of the disaster.

\_\_\_\_\_