

Dear Parent/Guardian:

Date: _____

As we begin the new school year, this letter is being sent out to inform you of products that may be used/given to your child during the year if he/she visits the health clinic. Please check off the items you **DO NOT** want used/given to your child. Please sign, date, and return to the school health clinic as quickly as possible so that she is able to enter into your child's health record.

If this letter is **NOT** returned by: _____, these products will be available to your child.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol wipes | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> Baby wipes | <input type="checkbox"/> Hydrogen peroxide |
| <input type="checkbox"/> Body spray | <input type="checkbox"/> Anti-itch cream |
| <input type="checkbox"/> Body wash | <input type="checkbox"/> Lidocaine spray |
| <input type="checkbox"/> Burn gel | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> BZK wipes (antiseptic wipes) | <input type="checkbox"/> Orajel |
| <input type="checkbox"/> Contact solution | <input type="checkbox"/> Oil of Cloves |
| <input type="checkbox"/> Cough drops | <input type="checkbox"/> Peppermints |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Splinter out |
| <input type="checkbox"/> Eye drops (Zaditor, B&L Alaway, Fresh eyes) | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Eye wash | <input type="checkbox"/> Triple antibiotic ointment |
| <input type="checkbox"/> Hair gel | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Hand sanitizer | <input type="checkbox"/> Wax for braces |

Parent/Guardian Signature

Date

School Health Clinician

Date

