

**WHITEFISH BAY HIGH SCHOOL  
PRESCRIPTION DRUG DISCLOSURE FORM**

Per School District of Whitefish Bay School Board policy, "It is expressly forbidden to possess, manufacture, use, transfer, sell or be under the influence of alcohol, tobacco, drugs and/or other unauthorized chemical substance on school property, on school sponsored vehicles or at any school related event." (443.4 Alcohol, Tobacco and Drug Use) There may be instances, however, when students are subject to medical treatment that may cause them to be under the influence and/or in possession of prescription drugs while at school. In support of this treatment and the district's interest in maintaining a drug free school environment, all parents are required to complete this form at the outset of the school year and anytime thereafter should the information initially provided change. Completed forms will be kept on file in the Whitefish Bay High School Clinic and handled by the School Nurse with all due confidentiality.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**The aforementioned student is currently on prescription medication.** \_\_\_\_\_ YES \_\_\_\_\_ NO

**If the student is on prescription medication, please complete the following chart** (one medication per row, use back side of sheet if more than three prescriptions involved).

Prescription Medication	Medical Condition Being Treated	Time(s) At Which Medication Is Or May Need To Be Taken*	Influence Medication May Have On Student While In School

*\* Medications needing to be taken during the school day or in connection with school outside of the school day may only be dispensed through the Whitefish Bay High School Clinic under the supervision of the School Nurse. At no point are students allowed to be in possession of, or self-administer, prescription medication unless so authorized by the School Nurse.*

I, the undersigned parent, verify that the information provided above is true. I also understand that students involved with prescription medication while at school or in connection with a school related activity beyond that authorized by the School Nurse may be subject to disciplinary consequences up to and including expulsion from school.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**