

Allergies _____

Teacher _____

Grade _____

MEDICAL PERMISSION FORM

It is the policy of the Whitefish Bay School District, along with the recommendation of the state Department of Public Instruction that any and all medications which must be taken at school are to be administered by the school health aide when there is one in attendance.

PRESCRIBED MEDICATION:

It needs to be brought to the clinic by the parent or other responsible adult. The bottle must be labeled with the following information: 1. Name and phone number of the pharmacy. 2. Student's name. 3. Name of the physician. 4. Name of the drug along with the frequency and dosage to be given.

NON-PRESCRIPTION MEDICATION: (i.e. Tylenol, Advil, Benadryl)

It needs to be brought to the clinic by the parent or other responsible adult. Non-prescription medication must be brought in the original bottle in which they were purchased.

NAME OF CHILD _____

PRESCRIPTION NUMBER _____

NAME OF MEDICATION _____

STRENGTH OF MEDICATION _____

AMOUNT OF PILLS RECEIVED _____

DOSAGE AND FREQUENCY of administration _____

_____ I give permission to give a missed morning dose of medication. A call to the Health Clinic from the parent/guardian is needed for dispensing the missed dose.

The health aide has my permission to administer the above medication as directed. I also give my permission to contact Dr. _____ or Pharmacist _____ if more knowledge is needed to exercise prudent judgment for the safety and protection of the student on medication.

Date: _____ Signature of Parent/Guardian: _____

Pursuant to the provisions in section 118.29 Stats., persons administering medication are immune from civil liability for any acts or omissions in administering a drug to a pupil in accordance with School Board Policy 453.4 unless the act of omission constitutes a high degree of negligence.

