

Woodland Hills School District
Dickson School
7301 Schoyer Avenue
Pittsburgh, PA 15218
Phone (412) 731-5816
Fax (412) 731-5818

Dear Parent/Guardian,

In accordance with Woodland Hills School District Policy no medication will be given at any time during the school day unless the following conditions are met:

- 1. All medicine, including over the counter drugs, must have a written order by a licensed medical practitioner accompanied by a completed permission form signed by the parent/guardian. A Medicine Permission form is attached for your convenience.**
2. All medication must be in its original, properly labeled container.
3. Students are not permitted to carry medication except for inhalers, which may be carried with the written permission of a licensed medical practitioner and the parent/guardian.

The school nurse shall administer all medication. Medication may also be administered by the parent/guardian or, in pre-approved cases, by the student under the direct supervision of the school nurse.

Lianne S Greve RN CSN
School Nurse

WOODLAND HILLS SCHOOL DISTRICT

MEDICATION PERMISSION FORM

To be completed by physician:

Student's Name _____ Grade _____ Age _____ Room _____

Name of Medicine _____ Dosage _____

Reason _____ Times _____

Termination Date _____

Possible Side Effects/Contraindications _____

Student Restrictions _____

Physician's Signature _____

Physician's Phone Number _____ Date _____

Prescribed medication must be in original labeled bottle. Send only the amount needed.

To be completed by parent:

I will take full responsibility for the prescribed medication, which is to be taken by my son/daughter during school hours. I relieve the school district and its employees of any responsibility for the benefits or the consequences of the medication.

Parent/Guardian Signature _____ Date _____

Home Phone Number _____ Work Number _____