

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor Name: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

**Medical History**

Bee Sting Sensitivity YES NO If YES, describe reaction and treatment:

\_\_\_\_\_  
\_\_\_\_\_

Allergies/  
Asthma \_\_\_\_\_

Please describe **ANY OTHER CONDITION OR CHANGES** in health status, include recent hospitalization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission for Non-Prescription Medication (dosed according to package recommendations for weight & age)**

My child may receive the medication(s) I have checked below:

- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Mylanta/Tums
- \_\_\_\_\_ Chloraseptic Throat Spray
- \_\_\_\_\_ Benadryl Capsules/Liquid : Used for bee stings/allergic reaction
- \_\_\_\_\_ Topical/Ocular Medications: Hydrogen Peroxide; Antibiotic Ointment; Hydrocortisone Cream/Benadryl Cream; Anti-Itch Cream; Vaseline; Carmex/Blistex; Sting Kill; Hand/Body Lotion; Eye drops/Saline, Caladryl Lotion, Sting-Kill (Benzocaine)

Additional comments/instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the nurse or school personnel under the supervision of the school nurse to be my agent to give medication checked above to my child. PLEASE NOTE: Generic brands are used in most cases and medications are given very sparingly.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, if the school is not able to contact me, I give my permission to take \_\_\_\_\_  
(Student's Name)

to the nearest hospital or appropriate facility for medical attention. Medical information may be shared with school personnel, EMT's, and hospital personnel on a need-to-know basis. If it is necessary to contact an ambulance, it will be the responsibility of the parent/guardian to pay for this service.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Westfield Washington Schools Medication Policy:**

- o All medication needed during school hours will be dispensed by the nurse, administrator, or designated school office staff.
- o All medications, both prescription and non-prescription **must be in the original container.**
- o Schools will provide the above listed non-prescription medication which will be dispensed during the school year only upon completion of this form by the parent/guardian. This form is only good for the current school year for which it is signed.
- o **To safeguard our students, all medication, both prescription and non-prescription must be brought into the nurse's office by a parent or guardian, or an adult appointed by the parent or guardian.**

- No student shall be permitted to carry medication on their person. Any exceptions to this rule will be made only with prior approval from the nurse and/or principal.