

# WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way  
Belleville, Illinois 62221

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Middle School Fax 618 239-9240  
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*Nurse's office phone- x2313 (E), x3366 (M)*

## WHITESIDE SCHOOL MEDICATION PERMIT FORM

**TO BE COMPLETED BY HEALTHCARE PROVIDER:** GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MEDICATION/ HEALTH CARE TREATMENT: \_\_\_\_\_

ROUTE: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY OR TIME TO BE ADMINISTERED: \_\_\_\_\_

EXPECTED OR POSSIBLE SIDE EFFECTS: \_\_\_\_\_

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

DISCONTINUE \* RE-EVALUATE \* FOLLOW- UP:(CIRCLE ONE) DATE: \_\_\_\_\_

PRESCRIBER'S NAME (PRINT) \_\_\_\_\_

PRESCRIBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

### **PARENT/GUARDIAN AUTHORIZATION:**

I hereby authorize Whiteside School District 115 and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Whiteside School District 115) lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that when the lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PHONE# \_\_\_\_\_

### **Whiteside School Medication Policy:**

All medicines to be given at school require a medication permit signed by a healthcare provider. The ONLY exception is for the use of an asthma inhaler.

All medicine must be in a pharmacy labeled container or original package, properly labeled.

Controlled medicine can only be brought in or picked up by an adult.

All medication permits must be filled out- one for each medicine and a new permit completed every school year.

ANY changes in the medication administration must be in writing and will require a new permit from the healthcare provider.

*Whiteside's mission is to help all learners reach their maximum potential so that they may become tomorrow's leaders.*