



## **PARENTAL PERMISSION FOR DISPENSING MEDICATION 2023-2024**

**NAME OF STUDENT** \_\_\_\_\_ **NAME OF TEACHER** \_\_\_\_\_

### **PLEASE CHECK ALL THAT APPLY BELOW:**

\_\_\_\_\_ My child may be given OTC medications (Tylenol, Motrin, Benadryl) by a WCCS faculty or staff member **WITHOUT** a phone call home.

\_\_\_\_\_ My child may be given OTC creams (Anti-itch, After Bite, Neosporin, Diaper cream, Vaseline) by a WCCS faculty or staff member **WITHOUT** a phone call home.

\_\_\_\_\_ My child needs to carry an inhaler.

\_\_\_\_\_ My child needs to keep an Epi-Pen at school. This Epi-Pen is for the following allergies:

\_\_\_\_\_

\*\* \_\_\_\_\_ Initial here to indicate that your child has been properly trained by a health professional in the use of the Epi-Pen.

\_\_\_\_\_ My child needs to keep prescription/OTC medicine at school. Please note that prescription medication should be in the original container appropriately labeled by the pharmacy or physician. This should be brought to the front office with the appropriate information below.

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of day to be taken \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the above medication as outlined. I release WCCS and school personnel from any liability regarding any adverse drug reaction if the medication is administered as outlined above.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_