

West Bend Mallard Community School District
Student Emergency/Health Information for Returning Students

School Year _____

Student's Name _____ Grade _____ BD _____

Permission for Medication administration at school:

I hereby give my consent to administer the below indicated medication to my student in the event of fever, or student headache symptoms. I understand that I will be contacted if student requires any medication for more than one consecutive day. This will not prevent the school from notifying me in the case of fever and the need for my child to go home.

Tylenol: ___ 325 mg.; ___ 500 mg. ___ 160 mg. ___ Liquid #/cc of _____
Acetaminophen (generic) ___ 325 mg.; ___ 500 mg ___ 160 mg. ___ Liquid #/cc of _____
Ibuprofen ___ 200 mg ___ 100 mg chewable ___ liquid #/cc of _____
Antacid Tablet _____ Cough Drop _____ (upon request of student)

I, _____ give my permission for my child
_____ to receive the above indicated medication in the
event of the above described symptoms. (Dose: As I have indicated above or dose per bottle.)

Date: _____ Signature _____

CURRENT HEALTH:

Does the student have: Asthma ___ Yes ___ No

Medical Concerns: ___ Yes ___ No If yes, _____

Prescribed Medications to be taken at school _____

Over-the-counter/Prescribed Medications taken at home _____

State any allergies (Food, Medication, and/or Environmental) _____

State any serious illnesses, injuries, or surgeries in the past year _____

State any immunizations received and date/day given in the past year _____

Does your child have any emotional, social, or other conditions that might affect his/her school performance?
___ Yes ___ No If yes: _____

Does your child use any assistive devices? (hearing aid, glasses, braces, etc.) _____

Does your child have any activity restrictions? _____

Current Health Insurance: ___ No Insurance ___ Medicaid ___ Hawk-I ___ Private/Name _____

If a medical emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand I am responsible for updating this information as needed. I grant my permission to share health and emergency information as stated with school staff on a need to know basis.

Signature of Parent/Guardian _____ Date _____