

Wilton-Lyndeborough Cooperative Middle ~ Senior High School

PO Box 255, 57 School Road Wilton, NH 03086

School Nurse 654-6123 x 1261

Student Name: _____ Grade: _____
(Last Name) (First Name)

Family Doctor: _____ Office Phone: _____

Doctors Address: _____

Family Dentist: _____ Office Phone: _____

Dentist Address: _____

In case of accident or a serious illness, I understand that they school will try to contact me first. If the school is unable to reach me, or the illness becomes acute, I understand that my child will be transported to the Milford Medical Center by ambulance, if necessary. I understand that a fee may be involved. I give permission for my child to receive the following over-the-counter medications at school.

Ibuprophen (like Advil) and Acetaminophen (like Tylenol) for minor aches and pains; generic chewable antacids (like Tums) for minor stomach hyperacidity; Benadryl tables for local allergic reactions and Epipen for life-threatening allergic reactions (ie: bee sting with breathing compromised). Also, generic first aid antibiotic cream, generic antihistamine and anti-itch cream, hydrocortisone cream, vitamin E oil (for burns, healing) Your signature on this form gives the nurse and administration permission to share your student's medical information with faculty and staff as needed

My child is allergic to the following: _____

Signature of Parent/Guardian: _____ Date: _____

For medication OTHER than those listed above:

1. You must sign a Medication Permission form from the school
2. PERSCRIPTION medication MUST:
 - a. Come to school in the original container from the pharmacy, with the label intact. Your pharmacist will be happy to give you an extra empty container with the prescription label on it to bring to school, and the school nurse will be happy to help you divide the medication
 - b. Provide a note from the prescribing doctor with a request for the medication to be given at school
3. OVER-THE-COUNTER medication MUST:
 - a. Come to school in the original container from the pharmacy, with the label intact
 - b. Come with clear instructions as to its' use, tie of administration, etc. (preferably the original package insert)

PLEASE NOTE: NO STUDENT WILL BE GIVEN ANY MEDICATION WITHOUT WRITTEN PERMISSION OF THE PARENT/GUARDIAN. NO PHONE CALLS FOR PERMISSION WILL BE MADE

Should you have any questions about medical issues, please contact the nurse at 654-6123 x 1261

Other Instructions or pertinent information: _____

