

NORWALK-ONTARIO-WILTON SCHOOL DISTRICT

STUDENT HEALTH INFORMATION

PERMISSION TO GIVE MEDICATION AT SCHOOL:

Occasionally, a student may request medicine from the nurse for a minor symptom. Some options are available. Please check all/ any that may be administered to your child while at school. Notification is sent home to parents with elementary students in the case that medication is given. If your middle/high school child is taking medication frequently, a call will be made home to notify parents.

- Tylenol
- Ibuprofen
- Benadryl
- Essential Oils (Peppermint, Lavender or Tea tree)

Any other instructions or helpful information?

I give permission for my child to receive the above medication during this school year as directed.

** _____
Parent/Guardian Signature **Date**

CONTACT INFORMATION:

Please provide correct and current contact numbers, and update with School/Nurse if needed.

Name of Health Care Provider: _____ Phone: _____

Name of Dentist: _____ Phone: _____

| | 1. Parent/Guardian | 2. Parent/Guardian |
|-------------------------|--------------------|--------------------|
| Names: | | |
| Home phone: | | |
| Cell phone: | | |
| Work phone: | | |
| Email: | | |
| Additional Information: | | |

If emergency treatment is required and the parents can not be reached immediately, may the school authorities use their own judgment in treating the student? Yes No

If not, what do the parents want done?

My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips and other school activities.

_____ _____ _____
Parent/Guardian Signature **Relationship** **Date**