



# Willows Preparatory School

## Medical, Allergy & Dietary Restriction Form 2017-2018

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the student have asthma?  YES  NO

If yes, has an inhaler been provided to WPS?  YES  NO

Does the student have any dietary restriction(s) (ex. lactose-intolerant, vegetarian, etc.)? If yes, please include all discouraged food ingredients and include any negative side effects if applicable.

Food Intolerance:	Side Effect(s) (if applicable):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list all allergies and the reaction(s): If applicable, **indicate if allergy is life-threatening.**

Allergy:	Reaction(s):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the student have a **life-threatening allergy** that requires an epi-pen in case of a **SEVERE** reaction?  YES  NO

If yes, has an epi-pen been provided to WPS?  YES  NO

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Email: \_\_\_\_\_



# Willows Preparatory School

## Authorization to Administer Medication Form 2017-2018

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

If you are providing medication, please review and complete the information below.

**IMPORTANT, PLEASE READ:**

- *Over-the-counter medication like Benadryl or Children’s Tylenol **must** state dosage instructions for your child’s age on the bottle or box **and** a parent permission note that states dosage instructions, method of administration (ex. oral, topical) and when the child can take specified medication (can be “as needed”)*
  - *For medication to be considered “over-the-counter”, it must be one of the following:*
    - Antihistamine
    - Non-aspirin fever reducer/pain reliever
    - Non-narcotic cough suppressant
    - Decongestant
    - Ointment or lotion intended specifically to relieve itching or dry skin
    - Sunscreen
    - Hand sanitizer
- *Written consent of a health care provider with prescriptive authority is required for over-the-counter medication that does not meet the above criteria (including vitamins, supplements, fluoride, herbal remedies, tooth pain, etc.)*
- *Prescribed medication like an Epi-Pen or prescription grade medication **must** include a **doctor’s note** that states dosage instructions, method of administration (ex. oral, topical) and time of day medication needs to be taken).*

If yes, please list the medication, dosage, method of administration and time of day to be taken?

Name of Medication:	Dosage:	Method of administration:	Time of day to be taken:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that Willows Preparatory School will administer medication (either over-the-counter or prescribed) to my child *only* if said medication is accompanied by a separate signed parent note for over-the-counter and/or signed physician’s note indicating the student name, birthdate, age, dosage, method of administration and time frame for medication.

I understand that it is ultimately my responsibility that medication is administered to my child, I will not hold Willows Preparatory School, its staff or agents responsible for failing to administer medication or for administering it improperly.

I understand that my student will not be allowed to carry medication on his or her person, store medication in lockers, cubbies, backpacks, etc. All medication (over-the-counter or prescribed) must be kept at the front office or with a staff member during field trips or emergency drills.

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Email: \_\_\_\_\_

