

WCGS

Medical Information Verification 2010-2011 School Year

Student's Name _____ Grade for 2010-2011 _____

Is your child taking any medication? Yes _____ No _____ If yes, please list:

Are there any chronic problems pertinent to your child engaging in physical exercise?

Yes _____ No _____ If yes, please list:

Does your child experience asthma, serious allergies, or any other significant health factors that WCGS should be aware of? Yes _____ No _____ If yes, please list:

I hereby state that to the best of my knowledge, my child is in good health, and I approve his/her participation in the applicable sports checked below:

_____ Soccer _____ Volleyball _____ Basketball _____ Track

I acknowledge the following:

- WCGS does not have a full-time nurse on duty.
- Medicine will be administered by a WCGS staff member, not a medical professional.
- A *School Medication Permission* form must be completed and submitted to the office with any medications. For any prescription medication, the medication permission form must be signed by the prescribing physician and submitted to the school before medications can be administered. All medication forms are available from the school website: www.wheatonchristian.org.
- These forms must be renewed yearly or at any time medication is changed.
- All medication must be in its original container and labeled with the child's name.
- All medication must be kept in the school office. Severely asthmatic students may carry an inhaler with them once the office has received a *Request of Self-Administration of Asthma Medication*, completed and signed by both parent and physician. **The inhaler carried by the student must be in addition to one kept in the school office.**
- We are required by law to telephone a parent each time acetaminophen, ibuprofen, or other pain relievers are given to a student.

I have read and understood the above criteria regarding student medications and have answered all questions truthfully and completely. I agree to hold harmless and indemnify the School and its employees from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration of medications.

Parent Signature

Date