



# WOLF RIVER LUTHERAN HIGH SCHOOL

W7467 River Bend Road † Shawano, WI 54166

715-745-2400 † www.wrlhs.org



## PARENT/GUARDIAN MEDICATION OR PROCEDURE FORM

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

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INHALER:** Please check:  Inhaler kept with student or self-administered  Inhaler kept in office

**INSULIN:** Please check:  Insulin kept with student or self-administered  Insulin kept in office

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of medication/procedure: \_\_\_\_\_

Reason for medication/procedure: \_\_\_\_\_

Time to be given: \_\_\_\_\_ a.m. p.m. How to be given: \_\_\_\_\_

If PRN(as needed) state conditions under which WRLHS personnel should administer medication.

I hereby give my permission to the nurse or delegate(s) to give the medication or perform the procedure to my child according to the written instructions of the doctor as shown on the Physician Order Form. I also hereby agree to give my permission to the school nurse to contact the child's physician. I further agree to hold the Wolf River Lutheran High School employee(s) who is (are) administering the medication or performing the procedure harmless in any or all claims arising from the administration of this medication or the performance of this procedure at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**DIAGNOSIS/REASON FOR MEDICATION:** \_\_\_\_\_

MEDICATION	DOSE	FREQUENCY		DURATION	Direct contact shall be made with me should the students receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)	
		TO	FROM			

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

I acknowledge by my signature on this document that I will assist and advise designated school personnel with regard to the administration of the medication described above, which includes accepting direct communication. I further acknowledge that all instructions should be stated in language of the lay person. I further understand that if the student is allowed to self-administer medication that proper instruction has been given.