

Wonewoc-Center School District

Home of the Wolves

101 School Road, Wonewoc, WI 53968

JODI WELDY
SCHOOL NURSE

PHONE: (608) 464-3165 ext. 131
FAX: (608) 464-3325

GENERAL HEALTH PLAN

Student _____ **Date of Birth** _____
Grade _____ **Teacher** _____ **School Year** _____
Parent/Guardian _____ **Phone Number** _____
Practitioner _____ **Phone Number** _____

The condition(s) listed below are no longer an issue for my child. (Please sign and return Health Plan)

Medical condition(s): _____

Usual treatment: _____

TREATMENT:

Medication	Dosage	Time(s)	Taken at home or school

My child does not take any medication at home or at school

*****Please supply the school with the needed medication(s) and medication consent form(s) on or prior to the first day of school*****

Side Effects of medications: _____


Signs of emergency: _____

Actions for teacher/nurse to take: _____

Continued on back

Please remember that all medications need to be picked up by Parent/Guardian at the end of the year.
Unclaimed medication will be discarded.

- I hereby give permission to WC's trained staff to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's practitioner with any concerns regarding medication administration. I agree to hold the Wonewoc-Center School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

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

Reviewed By (School Nurse): _____ **Date:** _____

