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: ___________