



WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way
Belleville, Illinois 62221

Telephone 618 239-0000
Middle School Fax 618 239-9240
Elementary School Fax 618 233-7931
<http://www.wssd115.org>

Peggy K. Burke
Superintendent
Monica Laurent
Middle School Principal
Jaime Cotto
Middle School Assistant Principal
Nathan Rakers
Elementary Principal
Kevin Johnson
Elementary Assistant Principal

Elementary School Nurse: 239-0000 x 2313

Middle School Nurse: 239-0000 x 3366

Medication Permit Form

TO BE COMPLETED BY HEALTHCARE PROVIDER:

Student's Name: _____ Date of Birth: _____

Medication/Healthcare Treatment: _____

Route: _____ Dosage: _____ Frequency or Time to be Administered: _____

Expected or Possible Side Effects: _____

Additional Instructions: _____

Discontinue * Re-evaluate * Follow-up (circle one) Date: _____

Prescriber's Name (print): _____

Prescriber's Signature: _____ Date: _____

Contact Phone # _____

PARENT/GUARDIAN AUTHORIZATION

I hereby authorize Whiteside School District #115 and its employees and agents on my behalf to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of Whiteside School District #115) lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that when the lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the School District, its employees, and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees, and agents, either jointly or severally from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature: _____ Date: _____