



PERMISSION FOR MEDICATION AND/OR EMERGENCY TREATMENT

Family Name _____ Student Name(s) _____ Grade(s) _____

Health History: If you answer "yes" to any of these questions, please explain in the space provided or on the back, if you need more space.

Does your child have any of the following allergies? If more room is needed to write, please use the back.

Bee Sting?	NO	YES	_____
Food?	NO	YES	_____
Medication?	NO	YES	_____
Other Allergies?	NO	YES	_____

Does your child have food intolerances? NO YES _____

Does your child have asthma? NO YES _____

Does your child have diabetes? NO YES _____

Does your child have ADHD or ADD? NO YES _____

Does your child have seizure disorders? NO YES _____

Does your child have heart disorders? NO YES _____

Does your child have any illness/disorders not listed above? NO YES _____

Check the following items (provided by WCS) that are allowable for your child to receive while attending WCS:

(*will contact parents first)

_____ *Tylenol (recommended dosage appropriate for his/her age)	_____ *Chloraseptic throat spray
_____ *Ibuprofen (recommended dosage appropriate for his/her age)	_____ *Eye Drops (Visine or Allergy Relief)
_____ Topical Hydrocortisone for insect bites, itchy skin, or redness	_____ Topical first aid ointment

**** ALL other medicines brought to WCS need to be in the office; in the original container with label and medicine form filled out. ****

Contact Information: IF neither parent is available and a child becomes ill and needs to be taken home.

(will be called in the order they are put): Check if the same as last year

Name _____ Relationship (to student) _____ Phone _____

Name _____ Relationship (to student) _____ Phone _____

WCS will respond to an emergency according to the following:

- 1) Attempt to contact a parent, in all circumstances, upon/before transport to Emergency Room.
- 2) If necessary, will transport to the Clinic or Emergency Room by ambulance.

In the event physicians, other persons named on this card, or parents cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. As parent, or guardian, I assume responsibility for the payment of ambulance, physician, or hospital fees. I give permission to medical personnel to provide emergency health care (Hospital personnel must contact parent/guardian by phone, or in person, before Emergency Room treatment can be given (with the exception of life-threatening situations). I understand that if my child is attending classes outside of Watertown Christian School during the course of a school day, these same permissions are also granted to the attending school (i.e. 5th/6th grade student attending Watertown Intermediate School or a 7th/8th grade student attending class at the Watertown Middle School).

*Parent signature _____ Date _____

*Signature is the name(s) of the person(s), usually the parents or guardian, who can give legal permission for emergency treatment.