

**WILLIAMSBURG COUNTY SCHOOL DISTRICT**  
**Health Information Form/Permission for Non-Prescription Medicine**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

**Has your child ever had any of the following medical problems? Check all answers that apply:**

Sickle Cell disease (not trait) \_\_\_\_\_ Heart problem (murmur) \_\_\_\_\_ Diabetes \_\_\_\_\_

Kidney or bladder problems \_\_\_\_\_ Skin problems (eczema) \_\_\_\_\_ Epilepsy (fits or seizures) \_\_\_\_\_

Other \_\_\_\_\_

Asthma \_\_\_\_\_ **Does your child use an inhaler/ nebulizer?** \_\_\_\_\_yes \_\_\_\_\_ no

Allergies: \_\_\_\_\_ Seasonal \_\_\_\_\_ Food \_\_\_\_\_ Medications \_\_\_\_\_ Insects

**If checked please list:** \_\_\_\_\_ **Does your child require an Epi-Pen?** \_\_\_\_\_

**Benadryl** \_\_\_\_\_

Should the need arise; the school has my permission to administer over-the-counter medications to my child such as: (please check each item you wish your child to be able to receive).

\_\_\_\_\_ Neosporin (on cuts or scraps)

\_\_\_\_\_ Tylenol (for pain or fever)

\_\_\_\_\_ Ibuprofen (for pain or fever)

\_\_\_\_\_ Cough Drops (for cough)

\_\_\_\_\_ Sore Throat Lozenges (for sore throat)

\_\_\_\_\_ Orajel (for toothache or fever blister)

\_\_\_\_\_ Benadryl (for allergic reactions)

\_\_\_\_\_ Hydrocortisone cream (itching)

\_\_\_\_\_ Maalox or Tums (for upset stomach or heartburn)

\_\_\_\_\_ Solarcaine (burns)

\_\_\_\_\_ Topical Muscle Relief (Biofreeze, Aspercreme, Ben-Gay, Icy Hot)

These medications must be administered as directed by the manufacturer for the particular complaint presented and for the age and weight of the child. Generic medications may be substituted for any of the above.

**\*\*If your child requires prescription medications at school, please see the school nurse.\*\***

My signature serves as proof that the information given above is complete and accurate to the best of my knowledge.

I hereby give my permission for \_\_\_\_\_ to take the above medications as necessary during the school day. I give permission for the nurse and my child's doctor to share information if needed.

\_\_\_\_\_  
**Signature/ Date**