



Directions to your home (for school bus): \_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY MEDICAL CONCERNS WE SHOULD BE AWARE OF? \_\_\_\_\_  
\_\_\_\_\_

ANY SPECIAL INFORMATION / INSTRUCTIONS REGARDING YOUR CHILD? \_\_\_\_\_  
\_\_\_\_\_

**AT LEAST THREE EMERGENCY CONTACTS OTHER THAN YOURSELF, WHO CAN PICK UP YOUR CHILD DUE TO ILLNESS OR OTHER PROBLEM:**

- |                |              |
|----------------|--------------|
| 1. _____       | CELL# _____  |
| (Name)         | HOME# _____  |
| (Relationship) | WORK # _____ |
| 2. _____       | CELL# _____  |
| (Name)         | HOME# _____  |
| (Relationship) | WORK # _____ |
| 3. _____       | CELL# _____  |
| (Name)         | HOME# _____  |
| (Relationship) | WORK # _____ |

**The office staff will not release your child to anyone who is not on the list, without prior written consent from the parent / guardian.**

**ALL Prescription medication (s) with the pharmacist's instruction label or over the counter medication must be brought to school by the parent or guardian. Initial: \_\_\_\_\_**

**Prescription and over the counter medication cannot be administered unless accompanied by a written order from the doctor or health care provider and a written, signed parent/guardian permission request. All medications must state the name of the student, name of drug, dosage, and frequency of administration, route of administration, and the prescriber name. Initial: \_\_\_\_\_**

***Students are not allowed to carry any medication on themselves at any time*, unless authorized by a health care provider and a written signed parent permission request. Initial: \_\_\_\_\_**

**Winfield R-IV school district has stock epinephrine (Epi Pen) or albuterol nebulizer medications for students in case of an emergency. School faculty and staff are trained by the district annually in case of an anaphylaxis reaction, and will render first aid and dial 911 for emergency care as deemed necessary. Only health professionals or a trained staff member will be allowed to administer emergency medication for a life threatening emergency. Initial: \_\_\_\_\_**

***Parents or guardians will assume responsibility and MUST provide the school district with emergency medications if their student has a KNOWN emergency health condition. Initial: \_\_\_\_\_***

**I have read and understand the above medication policy. I hereby waive any liability claims in the event it is deemed necessary to transport my child, due to accident or illness, by the school office or medical staff and will be responsible for any and all cost for emergency medical transportation.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date