

WESTMINSTER ACADEMY
2011 – 2012 MEDICATION POLICY & AUTHORIZATION

Westminster Academy WILL NOT dispense over the counter medications on a routine basis.
Parents will be contacted by PHONE before ANY medications are dispensed.

- ***EVERYONE*** should fill out this form with Student Name & Teacher for all children and provide us with your Doctor & Hospital information.
- You should (if applicable) also let us know if your child has **allergies** or other conditions or is currently taking any medication of which you would like us to be aware.
- Tylenol and Benadryl are the **ONLY** medications (with special case exceptions) that we will have on hand for ***extreme situations.***
- Please be mindful and do not send ill children to school (i.e. **fever, rash, pinkeye**, etc.).

Doctor Name & Phone Number: _____

Hospital or ER Preference: _____

Student Name: _____ Teacher (Lower school only) _____

Prescription Medications: _____ Reason for Medication _____

Please list allergies or medical conditions with any special treatments that are required:

Student Name: _____ Teacher (Lower school only) _____

Prescription Medications: _____ Reason for Medication _____

Please list allergies or medical conditions with any special treatments that are required:

Student Name: _____ Teacher (Lower school only) _____

Prescription Medications: _____ Reason for Medication _____

Please list allergies or medical conditions with any special treatments that are required:

Student Name: _____ Teacher (Lower school only) _____

Prescription Medications: _____ Reason for Medication _____

Please list allergies or medical conditions with any special treatments that are required:

Parent Signature _____ **Date** _____