

**Medical Verification Form  
2008-2009 School Year**

Student's Name \_\_\_\_\_ Grade for 2008-2009 \_\_\_\_\_

Is your child taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

\_\_\_\_\_

Are there any chronic problems pertinent to your child engaging in physical exercise?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

\_\_\_\_\_

Should WCGS be aware of any significant health factors (including asthma or potentially life-threatening allergies) that affect your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

\_\_\_\_\_

I hereby state that to the best of my knowledge, my child is in good health, and I approve his/her participation in the applicable sports checked below:

\_\_\_\_\_ Soccer

\_\_\_\_\_ Volleyball

\_\_\_\_\_ Basketball

\_\_\_\_\_ Track

I acknowledge the following:

- ❖ WCGS does not have a full-time nurse on duty.
- ❖ Medicine will be administered by a school secretary rather than by medical personnel.
- ❖ A medication permission form must be completed AND SIGNED by BOTH the parent and the physician when we receive the medication. We will not be able to administer any medication without the completed medication permission form. Permission forms are sent at the beginning of the school year and are available on the school website, [www.wheatonchristian.org](http://www.wheatonchristian.org).
- ❖ These forms must be renewed yearly or at any time medication is changed.
- ❖ All medicine must be labeled with the child's name, appropriate dosage instructions, and the name of the medication.
- ❖ All medication must be kept in the office. This rule also applies to inhalers. However, *severely* asthmatic students may carry an inhaler with them *if* the school has received a signed form from both the physician and the parent. In these cases, an additional inhaler for the student will be required for safekeeping in the school office.
- ❖ We are required by law to telephone a parent each time acetaminophen, ibuprofen, or other pain relievers are given to a student.

I have read and understood the above criteria. In addition, I agree to hold harmless and indemnify the School and its employees from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of medicine.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date