

Wood River Rural Middle & High School
13800 West Wood River Road • PO Box 518
Wood River, NE 68883
P: (308) 583-2249 • F: (308) 583-2395

Wood River Rural Elementary
1003 Lilley Street • PO Box 488
Wood River, NE 68883
P: (308) 583-2525 • F: (308) 583-2668

PARENTAL CONSENT FOR PRESCRIPTION MEDICATION

I give permission for Wood River Rural School's school nurse and unlicensed trained personnel to administer the medication described below.

Prescription medication must be in the original container, properly labeled with instructions and name of the prescribing physician and not expired. If the prescription changes in any way, a doctor's note must be brought in to verify the change.

I understand that the prescribing physician may be contacted for further information.

Student Name:_____

Medication:_____

Name of Physician:_____

Signature of Parent/Guardian:_____Date:_____

Instructions for administering prescription medication per bottle/container:

Inhalers (check if applicable):_____

My child is proficient at self-administration of his/her inhaler and may carry it on them.

Inhaler name and instructions for administering:

Signature of Parent/Guardian:_____Date:_____