



Bader Hillel High School

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2018-2019 EMERGENCY CONTACT & MEDICAL INFORMATION FORM

I, _____ am requesting that _____
 Parent/Guardian Name of Child

receive prescription drugs as designated below by his/her physician at the time indicated. I will be responsible for making sure that the prescription drugs remains in the container from the pharmacist.

I also understand that I am responsible for maintaining a sufficient quantity of the medication at the school to avoid any interruptions in the physician's orders. Failure to do this will result in the termination of the school's administered medication program. I understand that if my child refuses the prescription drugs, force will not be exerted to make him/her comply.

 Parent/Guardian Signature Relationship to Child Date

 Physician's Signature Address & Phone Date

Name of Medication	Dosage	Form (Pills, liquids, etc)	Time (am/pm)	Possible Side Effects

PARENT REQUEST FOR GIVING NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION AT SCHOOL

I request that Bader Hillel High school see that my child _____ receives the non-prescription medication indicated below. I will make sure the school has the medicine and the information below will accompany the medicine.

Name of Medication	Dosage	Form (Pills, liquids, etc)	Time (am/pm)	Possible Side Effects

 Parent/Guardian Signature Date

Mail this form to:
 Bader Hillel High Admissions Office
 6789 N. Green Bay Ave., Glendale, WI 53209

