

Student Medication

Dear Parent:

The following guidelines have been established regarding medications at school.

- All prescription and over-the-counter medication will be kept in the school office, unless the student has written physician permission to possess and self-administer the medication according to IC 20-8.1-5.1-7.5.
 - Written instructions from the parent/guardian are required for all prescription and OTC medications. The instructions must include: name of medication, reason for medication, amount to administer, and time to be administered. OTC medication amounts must be age appropriate per product label and may not be given more frequently than stated on the label except with physician prescription.
 - Pharmacy and OTC medications must be in an original container with a current pharmacy or package label. Most pharmacies will give an extra original bottle with prescriptions on request.
 - Medication ordered three times a day or less should be given before and after school and at bedtime. Prescription medication with a specific time ordered will be given as directed.
 - Medications must be picked up at the school office and will be released to the parent or a designee who is at least 18 years old with parent permission. OTC or non-controlled medication may be returned home by the student with written permission by the parent. **Controlled substances (stimulants, prescription pain medications, anxiety medications, etc.) can NOT be sent home with a student.**
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In order for us to administer the medication, please ensure all required information is filled in. Any missing information will prevent us from being able to give the medication.

Student Name _____ Date _____

School _____ Grade _____

A. I am requesting permission for my child named above to: (Check all that apply)

_____ use or receive prescribed medication

_____ receive prescribed treatment

_____ self-administer prescribed medication(s) in my presence or that of an authorized staff member in accordance with the Doctor's prescription.

Medication _____

Reason for medication _____

Dosage _____

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

E. I give permission for OTC and/or non-controlled prescription medications to be sent home with my child at the end of the school year or at the end of the medication's course, whichever occurs first.

Signature of Parent

Date

Home Telephone

Work Telephone/Cell Phone