

MEDICATION FORM

In order to protect the health and welfare of children and school staff members, Indiana laws require that school personnel observe certain safeguards in administering prescription medication to pupils. If we are to administer prescription medicine to your child, the following procedures will be observed:

- a) We must have the written request of the parent or guardian. The form below may be used to that purpose.
- b) The prescribing physician must provide a written order stating the amount of medication, the hours for administration, and the period of time medication is to continue. NOTE: This information can be obtained from the label of the original pharmacy container.
- c) Medication that is brought to school must be checked in at the office and kept in the original pharmacy container including medication that needs to be refrigerated. **NO MEDICATION WILL BE ACCEPTED IF IT IS NOT IN THE ORIGINAL PHARMACY CONTAINER.**
- d) Medication may **NOT** be sent home with students. A parent must come to the school office to pick it up.
- e) Continuing long term medication (i.e. for diabetes asthma, hyperactivity, etc.) must be re-verified at the beginning of each school year.

WE CANNOT ASSUME RESPONSIBILITY FOR MEDICATION UNLESS THESE PROVISIONS ARE FOLLOWED. Non-prescription medication will be given or dispensed by a school employee only upon written request of the parent or guardian, and by phone only in an emergency, which must include the specific instructions for administration.

PARENTAL MEDICATION RELEASE STATEMENT

I hereby give permission for school staff members to administer medication to

Student's Name

during school hours, in accordance with my enclosed written instructions. I agree to provide all medication in the original container from the pharmacy and to renew long term medication orders at the beginning of every school year. I have enclosed specific instructions of administration of non-prescription medication.

Name of Medication

Time of day to administer

Dosage

Period of time to continued

Date

Signature of Parent or Guardian