

Administration of Medication to Students during the School Day

Indiana Code 34-4-16.5-3.5 **requires the following form(s)** or a reasonable facsimile, to be filled out when giving a child medication during school hours.

Prescribed Medication

Must be presented in the original container with pharmacy label intact and properly identified with the following:

Name of child	Prescription number
Name of medication	Time to be given
Dosage to be given	Name of Doctor

I authorize and request the school personnel to supervise the taking of medication as instructed below:

Name of child _____ Grade _____

Name of medication _____

Day's medication to be given _____ Time to be given _____

Physician/Parent signature _____ Date _____

Nonprescription Medication

Must be presented in the **original container**.

I authorize and request the school personnel to supervise the taking of medication as instructed below:

Name of child _____ Grade _____

Name of medication _____

Dosage prescribed* _____ Time to be given _____

*Cannot exceed recommended dosage

Parent signature _____ Date _____

*Alternative medications- ex. Essential Oils, herbs, vitamins, inhalants and/or any other supplements will be treated as a prescription medicine and require Parent AND Physician signature.

Any medications not claimed by the last day of school will be disposed of per school guidelines.

Medication may be released only to the student's parent or an individual 18 years or older that is designated in writing by the student's parent.

_____ I understand that the school can only release medication to the student's parent or someone at least 18 years of age that the parent has designated in writing to receive medication.

Parent Signature _____ Date _____

NOTE: This consent is valid for one year only. It must be renewed annually.