

West Clark Community Schools
 Drug Free Schools Policy Exception
FOR SELF ADMINISTRATION OF MEDICATION AT SCHOOL

Indiana Law, IC 20-33-8-13, and West Clark Community Schools policy 6.0-36, effective July 1, 2001 provide that a student with a chronic disease or medical condition may possess and self-administer emergency medication for the chronic disease or medical condition during the times and in the places set forth in the law/policy (see below):

The following form must be signed by both the parent/legal guardian and the licensed healthcare professional. (A new form must be filed each school year.)

TO BE COMPLETED BY PARENT/GUARDIAN	
_____ Student's Name	_____ Date of Birth
_____ Address	_____ Grade
I give my permission for my child to possess and self-administer the medication as described below.	
_____ Parent/Guardian Signature	_____ Date

TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL	
My signature below certifies that: (1) The above-named student's disease/medical condition requires emergency administration of medication; (2) The student needs to possess and self-administer medication during school hours; and (3) The student has been instructed and knows how to properly self-administer the medication.*Alternative medications- ex. Essential Oils, herbs, vitamins, inhalants and/or any other supplements will require Parent AND Physician signature.	
Name of Medication _____ Specific time(s) and dose(s) medication is to be used at school _____	
Chronic disease/medical condition requiring self-administration of medication _____	
_____ Signature of Licensed Healthcare Professional	_____ Date
Printed Name of Licensed Healthcare Professional _____	
_____ Address	_____ Telephone #

For Office Use Only:	School Year _____ - _____	Date Filed _____
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