



ADMINISTRATION OF MEDICATION TO STUDENTS

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

PRESCRIBED MEDICATION

Prescribed medication must be presented in the **original container** with pharmacy label intact and properly identified with the following:

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

NONPRESCRIPTION MEDICATION

Nonprescription medication must be presented in the **original container** with the label intact and must be age appropriate medication. Adult medication CANNOT be given to children under the age of 12. No dosage larger than recommended on the container can be administered.

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 _____

IF GIVEN AS NEEDED, WHEN WILL THE CHILD NEED MEDICATION? _____

HOW LONG WILL YOUR CHILD BE TAKING THIS MEDICATION AT SCHOOL? _____

I understand that the school can only release medication to the student's parent or legal guardian; or an individual who is at least 18 years of age; and designated in writing by the student's parent or legal guardian to receive the medication. I further understand that **medications not retrieved at the end of the school year will be destroyed** at the end of the last teacher day of the school year.

PARENT/GUARDIAN SIGNATURE _____ DATE _____