

MIDDLEBURY COMMUNITY SCHOOLS
57853 Northridge Drive
Middlebury, Indiana 46540

Date _____

Dear Parent and/or Physician:

You are asked to note the following Indiana statute:

A school administrator, teacher or other school employee designated by the school administrator, who is in good faith administers either:

- 1) a non prescription medication in compliance with the written permission of the pupil's parent or guardian; or
- 2) a legend drug, as defined in IC 16-6-8-2(k), in compliance with the written order of a practitioner, as defined in IC 176-6-8-2(b), acting within the scope of his practice; (prescription medication).

to a pupil is not liable for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct. The school shall keep on file the written permission of a pupil's parent or guardian and/or the written order of a practitioner depending upon the length of time the medicine is to be administered by school officials.

All prescription and non-prescription medication must be brought to school in the original container with the student's name, name of the drug, directions for giving, and the doctor's name on the container. We cannot administer loose pills.

Please note the following change in Indiana law regarding the release of medication by the school:

Medication that is possessed by a school for administration during school hours or at school functions for a student in grades K-8 may be released only to:

- (1) the student's parent; or
- (2) an individual who is:
 - (A) at least eighteen (18) years of age; **and**
 - (B) designated in writing by the student's parent to receive the medication.

Students in grades 9-12 may take medications home, if the student's parent provides written permission for that student to receive the medication.

A request has been made by _____ to dispense medication during the school day.
(Student's Name)

We believe it is in the best interests of all students to have clear and specific written directions on dosage and administration from parents if non prescription and both parent and physician if prescription. Toward that end, please complete the appropriate section(s) of the attached form and return it to us so that we can best protect and participate in the treatment of your student.

Thank you for your cooperation.

School Nurse

