

PRESCRIPTION – PARENT/DOCTOR

(To be completed only when medicine will be
Administered by school more than 5 days)

To: School Personnel at _____
(Name of School)

Re: Administration of Medication

This notice is to inform you that _____, a student enrolled in your school, is currently under medical care and as part of that care, this student must receive medication known as _____ in accordance with the following instructions on dosage and administration:

I request and authorize you to administer this medication in accordance with the above instructions. These instructions remain in force until _____ unless you are otherwise notified by me. Problems concerning administration of the medication can be referred to me at (telephone number) _____.

Date: _____ Signature of Doctor: _____

Address: _____

Signature of Parent(s): _____

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 both parent and physician if prescription. Toward that end, please complete this 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