



Student



Health
Services



Over-the-Counter MEDICATION

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. The parent/guardian must provide the medication in the original container and properly labeled with student's first and last name. This form is good for one school year and must be renewed yearly. Medication is not kept over the summer. Any medication remaining in the clinic is discarded after the last day of school.

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MAY REQUIRE A PHYSICIAN'S ORDER.

I am the parent/guardian of the child named below and I am acting on my own behalf and on behalf of this minor child. We hereby authorize and agree to hold the Career Academy South Bend and its officers and employees harmless for the administration of the following medication.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

NAME OF MEDICATION & STRENGTH: _____

DOSAGE (amount): _____

TIME TO BE GIVEN AT SCHOOL: _____

REASON OR HEALTH PROBLEM: _____

I understand that by operation of law, specifically Indiana Code 34-30-14-2, a Career/Success Academy employee or staff member administering medication in accord with the permission statement and the Career/Success Academy shall be immune from all liability for acts arising out of the administration of medication in accord with the terms of this document, except in the case of gross negligence or willful and wanton misconduct.

In addition to the immunity described above, in exchange for Career/Success Academy's agreement to assume responsibility for the administration of medication as described in this permission statement, we hereby release any and all claims that we may lawfully release at this time for acts or omission arising out of the administration in accord with this grant of permission.

PARENT'S/GUARDIAN'S SIGNATURE

DAYTIME PHONE

DATE

Reviewed by Nurse and accepted for administration: _____

(Date)

RN (Signature)

Administration of Medication - Indiana Statute IC 34-4-16.5-3.5

All medication (prescription and non-prescription) shall be administered in compliance with Indiana Statute IC 34-4-16.5-3.5.

The requirements of this act are as follows:

1. Only employees designated by the school administrator are qualified to give any medication and the medication must be administered by the school employee in the presence of another adult.
2. The term "medication" includes over-the-counter medication such as Aspirin, Tylenol, Ibuprofen and cough drops.
3. Written permission of parents or guardians is required.
4. All written permissions must be kept on file at school. A new permission form must be submitted each school year.
5. It is the parent or guardian's responsibility to inform the school of any medication needed by their child and provide necessary written permission required by law.
6. All medication (prescription and non-prescription) must be kept in the secured area designated by the building Principal.
7. All medication (prescription and non-prescription) shall be administered through this policy.

STUDENTS ARE NOT TO CARRY ANY MEDICATION ON THEIR PERSON DURING THE SCHOOL DAY.