



Student



Health Services



## PRESCRIPTION MEDICATION

**(This form is only good for one school year. Each year a new form will be needed)**

The following information **is necessary** for any student to be given **any prescription medications** in school.  
**All spaces must be completed.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am the parent, with legal custody, or the legal guardian of the above named student. I am requesting permission for my child to take medication at intervals during the school day. I hereby give my consent and authorize the school nurse or other designated school employee to dispense the following:

### PHYSICIAN'S AUTHORIZATION FOR PRESCRIPTION MEDICATION

Please give \_\_\_\_\_,  
(Student's Name)

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>
_____	_____	_____	_____

Student has been educated and trained to self-administer their PRN rescue inhaler and may carry it with them during school hours:  YES

Precautions/Possible side effects: \_\_\_\_\_

\_\_\_\_\_  
Date Physician's Signature Phone Number

#### Parents Responsibilities:

1. Provide safe delivery of the medication to school.
2. Notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
3. Medications must be picked up at the end of school year on the last day by parent, or medication will be destroyed.

**I release and agree to hold Career/Success Academy, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.**

\_\_\_\_\_  
Parent with Legal Custody or Guardian Date

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### Administration of Medication - Indiana Statute 1C 34-4-16.5-3.5

All medication 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.**