

Authorization for Medication

TO: School Personnel at _____
(school name)

RE: Administration of Medication to _____
(student's name)

This notice is to inform you that _____, a student in
your school is currently under my medical care and as a 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 this medication can be
referred to me at:

Address _____

Telephone _____

Date _____ Physician's signature _____

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Parent authorization

We, as the parents of _____, request authorization
from the Physician and give written permission to you, the school, to administer the medication
described above in accordance with the instructions provided. We agree to notify you
immediately of any change in circumstances concerning administration of this medication. My
Physician has permission to fax medication information to my child's school as appropriate.

Parent signature _____

Address _____

Date _____ Telephone _____

Proper Procedure for Medication Taken at School

Prescription drugs require written consent of the physician AND parent. (BCSC 6.0-31). A copy of the original prescription or a physician's form must be on file. All prescribed medications must be in the original container with pharmacy label attached. Medication must be administered in accordance with the physician's prescription. The dosage cannot exceed the recommendation of the Physician's Desk Reference. Any changes in a dose or time of dosage must be given to the school nurse in writing and signed by the physician. The school may contact the physician if there are any questions regarding the medication ordered for the well being of the student.

Self-administered medication, such as an inhaler, epi-pen or insulin, must have a physician's order stating the student has been instructed on how to administer the medication AND that the student may carry the medication with them if necessary. The school nurse must be made aware of the location of the medication (locker, backpack, purse, etc.). This is a requirement of I.C. 20-8.1-5.1-7.5 and 7-22.

Over the counter medication may be dispensed with parent/guardian written permission. A parent's note must contain: student name, date, name of medication, dosage, time to be given and time last given. This permission will be for a specified period of time and NEVER longer than the current school year. OTC medication must be kept in the original container and dispensed according to package directions.

All medications must be brought to the office/clinic immediately. Medication should not be kept in pockets, lockers, desks or backpacks. It is the responsibility of the parent/guardian or designated adult to make sure that medications are delivered safely to the office/clinic. It is the student's responsibility to come to the clinic to take all medication.

By state law, I.C.20-34-3-18, medication that is possessed by a school for a student may be released to: the student's parent/guardian or an individual who is at least eighteen years of age and designated in writing by the student's parent to receive the medication. A school corporation may send medication home with the student only if the student's parent provides written permission for the student to receive/carry medication.

Unless other arrangements are made, medication left at the end of the school year will be discarded.