

**Decatur County Community School Corporation
North Decatur Jr.-Sr. High School**

Prescription Medication Permission Form

Indiana state law requires that schools observe certain regulations when administering medication to students. The following procedures must be followed:

Prescription medications must be in the original container. The label will meet the requirements for the physician's order. A PARENT/GUARDIAN MUST BRING ALL CONTROLLED MEDICATIONS INTO THE NURSE OR NURSE APPOINTED STAFF. The medication will be counted and initialed by both the staff and parent.

The parent/guardian shall accept the legal responsibility for the safe arrival of their child's medication to school.

No school employee, other than the school nurse, will give injections unless appropriate training has been given.

Student's name _____ School Yr. _____ Grade _____

Medical Condition _____

Medication _____ Dosage _____

Time of day _____ Number of days to be given _____

Physician's Name _____ Physician's Phone # _____

Please list any known allergies the student has _____

As parent/guardian, I have read and understand that I accept legal responsibility for the safe arrival of my child's medication to school. I authorize the designee of the above named school to administer medication as prescribed above. I accept full responsibility of the effect that this medication may have on my child and absolve the school personnel of liability regarding it. (Note: a nurse may not always be present at school; therefore a designee may be assigned to administer medication.) The nurse may contact my child's physician if there are any questions regarding this medication. The school nurse may consult school staff about this student and his/her medication.

Parent/Guardian Signature

Date