

*MEDICATION POLICIES
AND
WRITTEN CONSENT FOR ADMINISTRATION OF MEDICATION*

In order to protect the health and welfare of the students and school staff alike, Indiana laws require that parents/guardians consent, in writing, to the administration of medication. In order for the school nurse, volunteer school nurse, or a staff member to administer medications to your student, the following medication form must be completed and signed. Please read carefully to the school policies regarding medication administration during school hours.

1. The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medications. There must be a written request from the parent/guardian for Over-the-Counter (OTC) medications before they will be administered to a student at school.
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following: Student's name, name of medication, dosage of medication, and prescribing physician/practitioner (if applicable).
3. Herbal medications will not be given without an Herbal Medications consent form completed and signed by the student's physician or practitioner.
4. Medication brought to the school must be checked in at the office and kept in a locked cabinet.
5. Only a one-week supply of medication is to be brought to the school.
6. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school.
7. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication.
8. In specific cases, the school nurse/assigned staff member may require the parent/guardian to come to the school to administer the medication.
9. No school employee, other than the school nurse, will give injections, unless appropriate training has been given.
10. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the written order of the physician/practitioner authorizing the change. The school secretary/staff can not take a physician order over the phone.
11. Over-the-Counter medication will not be administered in any manner inconsistent with the instruction on the brand label, unless the school receives a written order of a physician/practitioner authorizing such administration.

Section 4. IC 20-8.1-7-22 effective July 1, 2001 of the Indiana State Code reads that a school corporation MAY NOT send home with a student medication that is possessed by a school for administration during school hours or at school functions. Medication that is possessed by a school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:

The student's parent/guardian OR an individual who is at least 18 years of age and, designated, in writing, by the student's parent/guardian to receive the medication.

A school corporation may send home medication that is possessed by a school for administration during school hours or a school functions with a student in grades 9-12 if the student's parent/guardian provides written permission for the student to receive the medication.

MEDICATION PERMIT ON REVERSE SIDE

Written Consent for Administration of Medication

HMP 2000
Parent/Guardian

In order to protect the health and welfare of the students and school staff alike, Indiana law requires parent consent, in writing, for the administration of medication. In order for the school nurse, volunteer school nurse, or a staff member to administer medication to your student, the form below must be read and signed.

1. Prescription Medication: The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medication.
 2. Over-The-Counter Medication: There must be a written request from the parent for Over-The-Counter (OTC) medications before they will be administered to a student at school.
 3. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following:
 - Student's Name
 - Name of Medication
 - Dosage or Medication
 - Prescribing Physician/Practitioner (if applicable)
 4. Medication brought to the school must be checked in at the office and kept in a locked cabinet.
 5. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication.
 6. In specific cases, the school nurse/assigned staff member may require the parent(s)/guardian to come to school to administer the medication.
 7. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the written order of the physician/practitioner authorizing the change. The school secretary/staff can not take a physician order over the phone.
 8. OTC meds will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order of the physician/practitioner authorizing such administration.
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I have read and understand the above policy.

____ Prescription Medication: Please administer to my child, _____,
the prescribed medication(s) as written below, in accordance with the written order of the
physician/practitioner and described below.

____ Over-the-Counter Medication: Please administer to my child, _____,
the over-the-counter medications as described below.

| Medication | Dosage | Time | Precautions/Side Effects |
|------------|--------|------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Period of time medication is to be continued: _____

Reason for medication: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

