Written Consent for Administration of Medication (Updated 5/03)

To protect the health and welfare of the students and school staff alike, Indiana laws require that parents consent, in writing, to the administration of medication. In order for the staff nurse, volunteer school nurse, or a non-medical staff member to give medication to your student, the form below must be filled out completely and signed. A hand written note will NOT suffice.

1. Students may not have ANY medication in their possession at any time (including inhalers and epi-pens) unless proper consents have been signed by the doctor and documented by the school nurse. Insulin pumps for diabetic students also need a written consent form signed by your doctor. COUGH DROPS ARE NOT PERMITTED AT ANY TIME!

2. The school must have on record a written order from the prescribing physician/practitioner AND the attached consent form completed by the parent/guardian for prescription medication. The pharmacy label can substitute as the physician's order. All prescribed medication will be given strictly in accordance with the written order of the physician. The dosage may be changed ONLY if the school is provided with the **written** order of the physician authorizing the change. The nurse is no longer permitted to take a doctor's order over the phone, nor can we take your word for it.

3. The form below must also be submitted for any over-the-counter (OTC) medication before it will be given to a student at school (Examples: Motrin, Tylenol, cough drops, cold and allergy medicine). If your child has a condition that needs an OTC medication long term, we must have a written doctor's order for it. WE STRONGLY DISCOURAGE THE USE OF ANY OVER-THE-COUNTER MEDICATIONS, ESPECIALLY COUGH DROPS!

4. Prescribed medications and/or OTC meds will not be given unless kept in the original container and packaging with the pharmacy or brand label affixed. **For OTC medications, the list of ingredients and info for proper dosages MUST be included. OTC meds will be given only as the manufacturer recommends per instructions on the label, regardless of parent preference, unless we have a doctor's order authorizing such change. SPECIAL NOTE: If the warning on the label reads "Stop use and ask a doctor if pain or fever lasts more than 3 days", then the med will NOT be given past 3 days after being received in the clinic without a doctor's order.**

5. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school office. All prescribed meds (both prescribed AND over-the-counter) must be checked in at the office and kept in a locked cabinet. The parent or other designated adult MUST pick up leftover meds. Medications will NOT be sent home with the student per Indiana Law.

6. Send only a one-week supply of medication required by the student unless given special approval by the Nurse.

7. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication and may use their own discretion when determining whether to give an over-the-counter medication. In specific cases, the school nurse/assigned staff member may require the parent to come to the school to administer the medication.

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

Student Medication Permit (Updated 5/03)

Child's Name _____ Age _____ DOB _____ Grade _____ Rm # _____

I HAVE READ AND UNDERSTAND THE ABOVE POLICY. Please administer the following medications written below in accordance with the written order of the physician AND/OR the labeling on the package as outlined below:

Medication _____ Dosage _____ Time to be given _____

Reason for medication _____ **Date** to be discontinued _____

Number of pills in container _____ Approximate weight of student _____ Med Allergies _____

_____ _____ _____ _____

Parent/Guardian Signature Date Physician Signature (if required) Date

_____ _____

Printed Name of Parent/Guardian Printed Name of Physician