

**MEDICATION ADMINISTRATION**

Dear Parents/Guardians:

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

1. Over-the-counter medication **requires written permission from the parent or guardian, stating the name of medication, amount of medication, the hours for administration, and the period of time medication is to be continued.** It **must be** sent in the original container labeled with the student's name. Permission note must contain parent's/legal guardian's signature.
2. Prescription medications **must be** in the original container. The label will meet the requirement for physician's written order; however, the parent must either complete and sign the Student Medication Permission Slip or send in a permission note with parent's/legal guardian's signature. Recommend one month's supply.
3. **The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to and from the child's school.**
4. A school corporation may send home medication that is possessed by a school for administration during school hours or at school functions with a student **if the student's parent provides written permission** for the student to receive the medication.

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**STUDENT MEDICATION PERMISSION SLIP**

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MEDICAL CONDITION \_\_\_\_\_ NAME OF MEDICATION \_\_\_\_\_

TIME TO BE GIVEN \_\_\_\_\_ AMOUNT TO BE GIVEN \_\_\_\_\_

**As parent/guardian, I accept the legal responsibility for the safe arrival of my child's medication to his/her school.**

**\*\*PARENT/GUARDIAN\*\***

\_\_\_\_\_ **INITIAL HERE** to give permission to the EVSC to send home your child's medications from school with him/her.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
# of pills brought in

**PLEASE RETURN TO SCHOOL NURSE**