

NORTHWEST ALLEN COUNTY SCHOOLS
MEDICATION PERMIT FORM _____ School Year

Indiana State law requires that schools observe certain regulations in administering medications to students. Written permission of a parent and/or physician is required for all medication. In order to administer medication to your child, the following procedures must be followed:

- Over the counter medication must be sent to school in the **MANUFACTURER'S BOTTLE** and requires a Student Medication Permit Form from the parent or guardian, stating the amount of medication, the hours for administration, and the period of time that the medication is to be continued. **MEDICATIONS IN "BAGGIES" WILL NOT BE DISPENSED.** Due to limited storage, please send over-the-counter medication in a **SMALL** bottle, if possible. **Please send in appropriate strength (i.e. junior strength for children). You will need a prescription from a physician stating it is ok to give adult strength to children.
- Prescription medications must be brought in to school by a parent or guardian and in the original pharmacy bottle. The label on the pharmacy bottle meets the requirement for the physician's signature; however, the parent must still sign a Student Medication Permit Form.
- If your child needs to take an antibiotic during school hours, send in the amount for the full course of the treatment. For example, if your child needs to take one antibiotic at noon for seven school days, send in seven tablets/capsules in the original pharmacy bottle and leave the medication in the clinic for the duration of the treatment.
- When the bottle is empty, it will be sent home with your child to be refilled. Prescription medications need to be brought back in by a parent.
- Medications **WILL NOT BE SENT HOME** with students in grades K-12. Once a medication has been discontinued, the parent must come to the school and pick up any remaining medication. We will only send home empty bottles to be refilled. **WE WILL NOT GIVE EXPIRED MEDS.**
- If it is medically necessary for your child to carry medication, please contact your School Nurse so that appropriate paperwork can be initiated.

(Please complete this form COMPLETELY and return it to the clinic at your child's school.)

Student's Name: _____

School: _____ Grade: _____ Teacher: _____

Condition/Ailment: _____

Name of Medication: _____

Time and Amount to be given: _____

<p>In the event of a 2-hour or 3-hour delay: ____ Give the medication at the usual time. ____ A note will be sent that morning with specific instructions. Call a parent if a note is not sent.</p> <p>At the end of the year: ____ I will pick up any remaining medication within 10 days of the last day of school. ____ Please destroy any remaining medication at the end of the school year.</p>

I will assume responsibility for safe delivery of the medication to the school.
I will notify the school immediately if there is any change in the use of the medication.
I release and agree to hold NACS, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Home Phone Number Cell Number Work Number