

# Student Medication

Dear Parent,

The following guidelines have been established regarding medications at school.

- All prescription and over-the-counter medication must be FDA approved and will be kept in the school office, unless a student has written physician permission to possess and self-administer the medication according to IC 20-8.1-5.1-7.5.
- Written instructions from the parent/guardian are required for all prescription and OTC medications. **The instructions must include: name of medication, reason for medication, amount to administer, and time to be administered.** OTC medication amounts must be age appropriate per product label, and may not be given more frequently than stated on label except with physician prescription.
- Pharmacy and OTC medications **must be in the original container affixed with a current pharmacy or package label.**
- Medication ordered three times a day or less should be given before and after school and at bedtime. Prescription medication with a specific time ordered that is during school hours will be given as directed.
- Medications must be picked up in the school office, and will be released to the parent or a designee who is at least 18 years old with written permission from the parent. OTC or non-controlled medication may be returned home by the student with written permission by the parent. **Controlled substances (stimulants, prescription pain medications, anxiety medications etc.) can NOT be sent home with a student.**

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In order for us to administer the medication please ensure all required information is filled in. Any missing information will prevent us from being able to give the medication.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

1. Name of Medication: \_\_\_\_\_

2. Condition for which it is to be given: \_\_\_\_\_

3. Dosage (amount) to be given: \_\_\_\_\_

4. When it should be given: \_\_\_\_\_

Any other comments: \_\_\_\_\_

My child may bring his/her own medication home: (initial please) yes \_\_\_\_ no \_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

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Check if medication is to be given on the following days:

1 hour delay \_\_\_\_ 2 hour delay \_\_\_\_ 10:30/11:30 dismissal \_\_\_\_ 12:00/1:00 dismissal \_\_\_\_ 12:30/1:30 dismissal \_\_\_\_ 11/07