SOUTH VERMILLION COMMUNITY SCHOOLS - FORM 5330 F1

AUTHORIZATION TO DISPENSE MEDICATION AT SCHOOL

☐ Central Elementary	Phone: 765-832-7731	Fax: 765-832-5327
☐ Van Duyn Elementary	Phone: 765-832-7761	Fax: 765-832-5324
☐ South Vermillion Middle School	Phone: 765-832-7727	Fax: 765-832-5316
☐ South Vermillion High School	Phone: 765-832-3551	Fax: 765-832-5310

Administration of Medication to: _____ DOB:_____

Diagnosis:_____ Start Date:_____

Medication: _____ Dose:_____

Route: _____

Time/Instructions: _____

Possible Side Effects: _____

Physician: I authorize school staff to administer the medication to the student (listed above) according to the above instructions. This order will remain active until the end of the academic year, unless I notify the school. Questions or problems concerning this medication may be referred to me at:

Address: _____

Phone Number: _____ Fax: _____

Physician's Signature: _____ Date: _____

Parent/guardian: I request authorization and give permission for trained school staff to administer the medication (described above) to my child per their physician's instructions. I agree to notify the school immediately of any changes regarding administration of this medication.

Parent/Guardian Signature: _____ Date: _____