



Please circle school: WJSH WES SES MES TES

MEDICATION APPROVAL

All student medication, prescription and nonprescription, must be turned into the school office upon entering the school. According to Indiana Law, for school personnel to administer any medication at school, written permission is required from a parent/guardian. These medications must be given to the school in their **original container** with name of medication, dosage, and time of administration. Herbal and homeopathic preparations that are not FDA approved cannot be administered at school.

For all prescription medication, written permission is also required from the physician. The Pharmacy label on the original medication container may serve as the physician’s written order and permission.

For a medication classified as a “controlled substance”, such as Ritalin/Methylphenidate or Adderall, **an adult** (18 years or older) must bring the medication to and from school. Students are not permitted to transport these medications. Medications will be kept secure in the Health Clinic.

For those that have emergency medications or a need to possess, please see Nurse for further details

PLEASE COMPLETE THIS FORM AND RETURN TO THE SCHOOL:

Name of Student: _____ DOB: _____

Grade: _____ Medical condition/Reason: _____

Name & Dose of Medication: _____

Time(s) to be given at school: _____

I hereby give my permission for the school nurse or a designated school employee to administer medication during school hours as indicated above.

If this is a prescription medication, I am providing the original medication container with pharmacy label.

Parent: _____ Date: _____

(Initial as appropriate)

I do _____ I do not _____ give permission for my child to transport any unused medication that is not a controlled substance home.

SEE REVERSE SIDE

Medication Guidelines for School

Medication given during school hours will be only those necessary to help a student maintain an optimal state of health to enhance his/her educational plans.

For Medication to be given at school we need:

- A signed authorization Form (this gives the school permission to give the medication). This form is on the front of this document, and is required for both prescription and over the counter medications.
- Prescription Medication is to be given by the instructions on the label. The Label must include the student's name, physician's name, dosage, and time to be given.
 - Two times a day medication should be given at home, (in the morning before school and then after school or evening). Unless physician wants medication to be given at noontime.
 - Three times a day medication should be given at home, (in the morning before school, after school, and at bedtime). Special arrangements can be made with the school if your child is involved in after school activities.
 - Four times a day medication is given at lunchtime during school, unless otherwise specified by your physician. Measure out or count out the number of doses needed by the school and send only this amount in the prescription bottle.
 - Any other times for medication should be specific on the medication label or be accompanied by a Physician statement regarding scheduled time. Medication will only be administered as directed.
- Over the counter medication is to be given according to the recommendations of the manufacturer, *unless* we have a physician's order stating otherwise.
 - Check the label directions to see if it is appropriate for your student's age or weight.
 - Send in original container (preferably a small container)
 - Medication in baggies or other containers is not allowed to be given.

Any medication not picked up at the end of the school year will be disposed of. Please give written consent if we are able to send home any medication that is not a controlled substance with your child. A controlled substance will need to be picked up by a parent or an adult 18 or older with written parent permission. If you have any questions concerning medication please feel free to contact the school, or your school nurse.