

**UNION TOWNSHIP SCHOOL CORPORATION**  
**PRESCRIPTION MEDICATION AUTHORIZATION**

All prescription medication will be administered in compliance with Indiana Law and Union Township School Corporation policies.

A written order (a current prescription label is considered a doctor's order) and written authorization of the parent will be required before any prescribed medication may be administered.

All prescription medication must be in the original prescription container and contain the following information:

- Student name
- Medication name
- Dose to be given
- Time to be given

**PARENT AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION**

School\_\_\_\_\_ Grade\_\_\_\_\_

Student Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Medication Name\_\_\_\_\_ Dose\_\_\_\_\_

Frequency/Time of day\_\_\_\_\_

Reason medication will be given\_\_\_\_\_

**Parent Authorization:**

I authorize the designee of the above school to administer this prescription medication as ordered above. Note: In the event there is not a school nurse available, a trained secretary or staff member may administer this medication.

I will assume the responsibility for safe delivery of the medication to school.

I will notify the school nurse immediately if there is any change in the physician order for this medication. I will pick up any discontinued medication

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

Unused medications must be picked up by the last day of school. Medications may only be released to parent/guardian or a person over 18 with written consent. Medications may be released to high school students only with written parent/guardian consent.