

UNION TOWNSHIP SCHOOL CORPORATION

MEDICATION CONSENT

According to Indiana P.L. 219 the Parent Authorization form must be completed before any medication can be administered.

PRESCRIPTION MEDICATION

Medication will only be given to a student provided the written authorization of the Doctor and Parent or Guardian is on file. The Pharmacy label on the prescription serves as written authorization by the Doctor.

Name _____

Medication _____

Dosage and Frequency of Administration _____

Physician's Signature _____ Date _____

PARENT AUTHORIZATION

I authorize the building principal or his designee at my child's school to administer medication to my child. *In the case on nonprescription medication the dosage requested must not exceed the manufacturer's recommendation.*

Name _____

Medication _____

Dosage and Frequency of Administration _____

I understand that I will be responsible for supplying the medication to the school. I further understand that this authorization is valid for the duration of each such illness and that in the case of a chronic condition the authorization will be valid for the duration of the school year.

Parent Signature _____ Date _____

8/24/05

Please fill out this form if your child will need to take any medication while on the trip. It must be returned to UCE by Friday, August 24, 2018. Medication should be in its original container and put in a zip lock bag labeled with your child's name. Please specify the time of day the medication is to be dispensed (i.e. AM or PM.). We will have some STOCK MEDICATIONS to dispense as needed (Generic Junior Strength Tylenol, Generic Children's Benadryl, and cough drops). If you would like us to administer STOCK MEDS as needed, fill out this form and write **STOCK MEDS** on the medication line. All medications must be turned in to Mrs. Davis by Tuesday, Sept 18, 2018.