

Adopted: 3/2/83
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. For prescription drugs the top portion of this form must be completed.

To Physician:
Indiana Code 34-4-165 requires the Union Township Schools to keep on file the written order of practitioner, e.g. family doctor.

Name _____

Medication _____

Dosage and frequency of administration _____

Date _____ Signature _____

PARENT AUTHORIZATION

I do hereby 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 _____

Reason for medication _____

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 _____

