



# SOUTHWEST ALLEN COUNTY SCHOOLS FORT WAYNE, INDIANA

## MEDICATION PERMIT

For the safety of our students, our school must observe certain regulations in administering any medications.

**WRITTEN PERMISSION IS REQUIRED FOR ALL MEDICATIONS**, whether prescription or “over-the counter”. Medications **MUST** be brought to the clinic and given out from the clinic where it can be supervised. We will dispense medications on a daily, routine or “as-needed” basis, as you request. In either case, we will need the specific information noted below.

### PRESCRIPTION MEDICATIONS:

**MUST BE IN AN OFFICIALLY LABELED CONTAINER:** A duplicate container can be obtained at your pharmacy, usually at no extra cost. The container must: 1)Have a current date; 2)State your child’s name; 3)State the medication name and strength; 4)State the amount and time to be given.

### OVER-THE-COUNTER MEDICATIONS:

**PLEASE SEND IN THE ORIGINAL CONTAINER:** If the amount requested to be given differs from the recommended dosage, a doctor’s permission note must accompany it. **Medication must be age appropriate unless otherwise approved by your doctor.**

### INDIANA CODE:

Indiana law limits the ability to send home a student medication that the parent has sent to school to be administered to the student during school hours. A school corporation may release medication for students in grades kindergarten through grade 8 to the student’s parents or an individual who is at least 18 years of age **AND** designated in writing by the student’s parent to receive the medication.

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## STUDENT MEDICATION PERMIT

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Condition/Ailment \_\_\_\_\_

Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

May be repeated every \_\_\_\_\_ (or mark N/A)

### TWO HOUR DELAY DAYS:

Medication *will be* given at the first designated prescribed time unless the parent/guardian has contacted the school nurse to make other arrangements.

As parent/guardian, I accept the legal responsibility for the safe arrival of my child’s medication to his/her school.

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