

*MEDICATION POLICIES AND  
WRITTEN CONSENT FOR ADMINISTRATION OF MEDICATION*

In order to protect the health and welfare of the students and school staff alike, Indiana laws require that parents/guardians consent, in writing, to the administration of medication. In order for the school nurse, volunteer school nurse, or a staff member to administer medications to your student, the medication form on the reverse side must be completed and signed. Please read carefully the school policies regarding medication administration during school hours.

1. The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medications. There must be a written request from the parent/guardian for Over-the-Counter (OTC) medications before they will be administered to a student at school. **(NOTE: The label on the prescription bottle/package will meet the requirement for physician's written order.)**
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following: Student's name, name of medication, dosage of medication, and prescribing physician/ practitioner (if applicable).
3. Herbal medications will not be given at school.
4. Medication brought to the school must be checked in at the office and kept in a locked cabinet.
5. Only a one-week supply of medication is to be brought to the school.
6. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school.
7. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication.
8. In specific cases, the school nurse/assigned staff member may require the parent/guardian to come to the school to administer the medication.
9. No school employee, other than the school nurse, will give injections, unless appropriate training has been given.
10. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the written order of the physician/practitioner authorizing the change. The school secretary/staff cannot take a physician order over the phone.
11. Over-the-Counter medication will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order of a physician/practitioner authorizing such administration.

**IC 20-34-3-18 Indiana State Code** reads that a school corporation MAY NOT send home with a student medication that is possessed by a school for administration during school hours or at school functions. Medication that is possessed by a school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:

The student's parent/guardian OR an individual who is at least 18 years of age **and**, designated, **in writing**, by the student's parent/guardian to receive the medication.

A school corporation may send home medication that is possessed by a school for administration during school hours or at school functions with a student in grades 9-12 if the student's parent/guardian provides **written permission** for the student to receive the medication.

**MEDICATION CONSENT FORM ON REVERSE SIDE**

# Allen County Non-Public School Association

## FORM MUST BE ON FILE AT THE SCHOOL FOR ANY MEDICATION NEEDED DURING SCHOOL HOURS

### STUDENT MEDICATION INFORMATION AND CONSENT FORM

I have read and understand the medication policies as indicated on the reverse side.

Please administer to my child \_\_\_\_\_, the **prescription medication(s)** written below. The label affixed to the medication bottle/package will meet the requirement for the physician's written order.

#### AND / OR

Please administer to my child \_\_\_\_\_, the **over-the-counter medication(s)** as described below:

**(REMINDER: Prescription and over-the-counter medications must be kept in the original container with the pharmacy or brand label affixed.)**

MEDICATION	Dosage mg. and # of tabs	Time to Be given	Time medication is to be discontinued	Reason for medication	Precautions/ Side Effects
1.					
2.					
3.					
4.					

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

\_\_\_\_\_  
Date

MEDICATION POLICY ON REVERSE SIDE