

5555 SOUTH ARLINGTON AVENUE INDIANAPOLIS, IN 46237-2366 (317) 787-5474

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## **Permission to Administer Medication**

## Dear Parent/Guardian:

In order to provide the best possible care for our students, it is important that the school work closely with parents when giving medication to students. Indiana State Law requires that schools observe certain regulations when administering medications to students. If your child must have medication of any type including over-the-counter drugs (with the exception of ibuprofen or acetaminophen) given during school hours we require:

- 1. This consent form is to be filled out and signed by the parent or guardian. The consent form is valid for the entire school year or until medication is changed by the MD or discontinued.
- 2. The original bottle with the pharmacy label which contains the child's name, name and dose of medication and instructions of how and when medication is to be given. Doctor's order may be faxed to LHS at 787-2794.
- 3. Over-the-counter medication must be sent in the original container labeled with the student's name. The form should be filled out with the parent/guardian's instructions of what medication is to be given and how soon it can be repeated.

Self-medication is not permitted by any student except with the use of inhalers, epi-pens, and insulin. Medications will not be dispensed to any student if brought in plastic bags, or without all information on a permission slip.

Student's Name_		Birth Date Grade	
Known Allergies			
Reason for taking	this medication/medical condit	ion:	
Name of Medicat	ion:		
Dose:			
Time medication	is to be given:		
If medication is to	be given "AS NEEDED", descri	be indications	
	AS NEEDED" medication be repe		
This medication v	would be taken from	(date) to	(date)
his/her school. I	lian, I accept the legal responsib request that an authorized repre le at school. The school may co medication.	sentative administer the medica	ation described above to my
	Conditions: According to India ld has been diagnosed with a ch		an (IEP or 504) must be on file
Date	Cell Phone	Home Phone	Work Phone
Parent/Guardian Printed Name		Parent/Guardian Signature	