## <u>Permission to Give Over-the-Counter</u> <u>Or Non-Prescription Medication</u>

| Grade  |                          | Grade                     |
|--|--------------------------|---------------------------|
| I, the parent/guardian of  |                          | give                      |
| the school nurse or designated emp                                       | olovees at (name of scho |                           |
| permission to administer the follow                                      |                          |                           |
| the following instructions:  | , mg non presempuon m    | outour in accordance with |
| Medication:  | Dose:                    |                           |
| Route:Time o   | r interval of dose:      |                           |
| Indications for giving:  |                          |                           |
| These instructions remain in effe  | ect until:               |                           |
|  |                          |                           |
| Parent/guardian signature  | Date                     | Telephone number          |
| <u>Permission to Sen</u>   | d Medication Hor         | ne with Student           |
| As allowed by Indiana law, I give pmy child, the medication listed about |                          |                           |
| medications on the school bus and he/she is being picked up from sch     | •                        | <u> </u>                  |
| Parent/Guardia   | an Signature             | Date                      |
|  |                          |                           |
|  |                          |                           |

Please read reverse side

## Please read:

**Indiana Code 34-30-14-2** ....a school administrator, teacher, or other school employee designated by the school administrator, after consultation with the school nurse, who in good faith administers:

- (1) A nonprescription medication in compliance with the written permission of the pupil's parent or guardian, except in the case of a life threatening emergency;
- (2) A legend drug (as defined in IC 16-18-2-199 and including injectable insulin) in compliance with the:
  - (A) written order of a practitioner; and
  - (B) written permission of the pupil's parent or guardian, except in the case of a life threatening emergency;
- (3) a blood glucose test by finger prick in compliance with the written order of a practitioner; or
- (4) any combination of subdivisions (1) through (3); to a pupil is not liable for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

## Indiana Code 20-34-3-18

Release of medication

Sec. 18 (a) this section does not apply to medication possessed by a student for self-administration under IC 20-33-8-13.

- (b) Medication that is possessed by a school for administration during school hours or at school functions for a student may be released to:
  - (1) the student's parent; or
  - (2) an individual who is:
    - (A) at least eighteen (18) years of age; and
    - (B) designated in writing by the student's parent to receive the medication.
- (c) A school corporation <u>may</u> send home medication that is possessed by a school for administration during school hours or at school functions with a student if the student's parent provides written permission for the student to receive the medication.