

**Permission to Give Prescription Medications**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

This is to inform you that the above named student, enrolled in your school, is currently under my medical care. As a part of that care, this student must receive the following medication as directed below.

**Indicated Medical**

**Diagnosis:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Interval** \_\_\_\_\_ **Route** \_\_\_\_\_

**Length of Therapy:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

I request and authorize you to administer this medication in accordance with the above instructions.

\_\_\_\_\_  
**Physician Signature** \_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Date**

We, as the parent/guardian of the above student, give permission to administer the medication described above in accordance with the instructions provided. We agree to notify you immediately of any change in circumstances concerning administration of this medication.

**Parent Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please see reverse side.**

## **Permission to Send Medication Home with Student**

As allowed by Indiana law, I give permission for SCSD 2 personnel to send home with my child (student's name) \_\_\_\_\_ the medication listed on the front of this form. I understand that SCSD 2 does not allow medications on the school bus and medications will only be sent home with my child if he/she is being picked up from school by a person designated by me, the parent/guardian.

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Parent/Guardian Signature

Date

**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; o5
- (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 may 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.