

Carroll Consolidated School Corporation

Parent and Physician for administration of medicine at School

Student _____	DOB _____
Address _____	Phone: _____

To be able to administer medications at school the following criteria must be met:

- Written permission and specific order information is required from Parent or Guardian and from the Physician if it is a prescription.
- Medication must be provided in a current pharmacy-labeled container for prescription medications and a manufacturer label for over the counter medications. It is the responsibility of the parent/legal guardian to cut tablets of medication (if necessary) before sending to school.

Medication	Strength	Dose	Route	Time	Start/end	Med Reason	Comments

Parent or Guardian Signature

I give permission to the school staff to administer the above specified medication(s) to my child.

I give my permission to the school staff to contact my physician if there are any concerns or questions about my child.

Instructions for school delays:

_____ my child will take his/her medication at the regularly scheduled time as indicated above

_____ Special arrangements need to be followed and they are _____

Parent or guardian signature _____ Date _____

Physician Signature

The medications noted above are to be administered to this student at school as stated above.

Additional information _____

Physician signature _____ Date _____

- I release school personnel from liability should administering this medication result in an adverse reaction.
- I will notify the school, in writing, of any change in the medication, (ex: dosage change, medication is discontinued, etc.)
- I give permission for the school nurse to communicate with the student's teacher, physician and necessary school staff about my child's health condition and the action of the medicine.
- I give permission for the medication to be given by the designated personnel (the school nurse may not always be present in the school).
- I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. I read and understand the information within this authorization.
- I understand my child's medication will stay in the nurse's office and only be dispensed from the nurse's office unless special arrangements are made in writing.