# CENTERVILLE-ABINGTON COMMUNITY SCHOOLS

Form 5330 F1

## PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

The following information is necessary for any student to use medications or to receive treatment in school.
All spaces must be completed.

**Name of Student** _____ **Grade** _____

I am the parent, with legal custody, or the legal guardian of the above named student. I am requesting permission for my child to take medication at intervals during the school day. I hereby give my consent and authorize the school nurse or other designated school employee to:

I. Administer _____, an **over-the-counter medication,** which **I am hereby supplying the school,** in accordance with the written instructions on the label. Medications must come in a **new unopened** bottle. (Requires parent signature ONLY at bottom of page)

II. Administer _____, RX# _____ Pharmacy _____,
A **prescription medication,** which I am hereby supplying the school in **the original prescription vial,** in accordance with the directions for the administration of the medicine listed on the label of the vial. (Requires parent and physician's signature)

### PHYSICIAN'S AUTHORIZATION FOR PRESCRIPTION MEDICATION

| Medication | Dosage | Times per day | Time Period |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Precautions/Possible side effects: _____

_____ _____ _____
Date Physician's Signature Phone Number

**III. I will assume responsibility for safe delivery of the medication to school**
**IV. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.**
**V. Medications must be picked up at the end of school year by parent, or medication will be destroyed.**

**I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.**

_____ _____
Parent with Legal Custody or Guardian Date

Work Phone _____ Home Phone _____ Cell Phone _____

**Administration of Medication - Indiana Statute IC 34-4-16.5-3.5**

**All medication (prescription and non-prescription) shall be administered in compliance with Indiana Statute IC 34-4-16.5-3.5. The requirements of this act are as follows:**
1. Only employees designated by the school administrator are qualified to give any medication and the medication must be administered by the school employee in the presence of another adult.
2. The term "medication" includes over-the-counter medication such as aspirin and Tylenol.
3. Written permission of parents or guardians is required.
4. All written permissions must be kept on file at school. A new permission form must be submitted each school year.
5. It is the parent or guardian's responsibility to inform the school of any medication needed by their child and provide necessary written permission required by law.
6. All medication (prescription and non-prescription) must be kept in the secured area designated by the building Principal.
7. All medication (prescription and non–prescription) shall be administered through this policy. **STUDENTS ARE NOT TO CARRY ANY MEDICATION ON THEIR PERSON DURING THE SCHOOL DAY.** All medication brought to school should be delivered immediately to the school office for its safekeeping and administration.