



**SOUTHWEST ALLEN COUNTY SCHOOLS
FORT WAYNE, INDIANA**

MEDICATION PERMIT GRADES K-8

For the safety of our students, our school must observe certain regulations in administering any medications. **WRITTEN PERMISSION IS REQUIRED FOR ALL MEDICATIONS**, whether prescription or “over-the counter”. Medications **MUST** be brought to the clinic and given out from the clinic where it can be supervised. We will dispense medications on a daily, routine or “as-needed” basis, as you request. In either case, we will need the specific information noted below.

PRESCRIPTION MEDICATIONS:

MUST BE IN AN OFFICIALLY LABELED CONTAINER: A duplicate container can be obtained at your pharmacy, usually at no extra cost. The container must: 1)Have a current date; 2)State your child’s name; 3)State the medication name and strength; 4)State the amount and time to be given.

OVER-THE-COUNTER MEDICATIONS:

PLEASE SEND IN THE ORIGINAL CONTAINER: If the amount requested to be given differs from the recommended dosage, a doctor’s permission note must accompany it. **Medication must be age appropriate unless otherwise approved by your doctor.**

INDIANA CODE:

Indiana law limits the ability to send home a student medication that the parent has sent to school to be administered to the student during school hours. A school corporation may release medication for students in grades kindergarten through grade 8 to the student’s parents or an individual who is at least 18 years of age **AND** designated in writing by the student’s parent to receive the medication.

STUDENT MEDICATION PERMIT

Student Name _____

Age ____ **Weight** ____ **Grade** ____ **Teacher** _____

Condition/Ailment _____

Medication _____ **Expiration Date** _____

Amount to be given _____ **Time to be given** _____

May be repeated every _____ **(or mark N/A)**

TWO HOUR DELAY DAYS:

Medication *will be* given at the first designated prescribed time unless the parent/guardian has contacted the school nurse to make other arrangements.

As parent/guardian, I accept the legal responsibility for the safe arrival of my child’s medication to his/her school.

Parent/Legal Guardian Signature: _____ / _____
Date