

Union Township School Corporation

MEDICATION CONSENT

According to Indiana P.L. 219 the Parent Authorization form must be completed before any medication can be administered.

PRESCRIPTION MEDICATION

Medication will only be given to a student provided the written authorization of the Doctor and Parent or Guardian is on file. The Pharmacy label on the prescription serves as written authorization by the Doctor.

Name _____

Medication _____

Dosage and Frequency of Administration _____

Physician's Signature _____ Date _____

PARENT AUTHORIZATION

I authorize the building principal or his designee at my child's school to administer medication to my child. *In the case of nonprescription medication the dosage requested must not exceed the manufacturer's recommendation.*

Name _____

Medication _____

Dosage and Frequency of Administration _____

I understand that I will be responsible for supplying the medication to the school. I further understand that this authorization is valid for the duration of each such illness and that in the case of a chronic condition the authorization will be valid for the duration of the school year.

Parent Signature _____ Date _____