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Permission to Administer Medication

Indiana State Law requires that schools observe certain regulations when administering medications to students. If your child must have medication of any type, including over-the-counter drugs (except for ibuprofen or acetaminophen) given during school hours we require:

- 1. This consent form to be filled out and signed by the parent or guardian. The consent form is valid for the entire school year or until medication is changed by the MD or discontinued.
- 2. The original bottle with the pharmacy label which contains the child's name, name and dose of medication and instructions of how and when medication is to be given.
- 3. Over-the-Counter medication must be sent in the original container labeled with the student's name. The form should be filled out with the parent/guardian's instructions of what medication is to be given and how soon it can be repeated.

Self-medication is not permitted by any student except with the use of inhalers, Epi-Pens, and insulin. Medications will not be dispensed to any student if brought in a plastic bag, or without all information on a permission slip.

Student Name:	Grade: DOB:
Parent/Guardian:	Phone:
Emergency Contact (if different):	Phone:
Medication:	Dosage:
Time(s) to Administer:	Route:
Start Date: / / End Date: / /	
Purpose / Special Instructions:	

Authorization

I request and authorize Lutheran High School personnel to administer the above medication to my child according to the instructions. I understand:

- All medications must be in the **original labeled container**.
- Self-medication is not permitted, except for inhalers.
- The school is **not responsible for side effects**.
- I will **notify the school of changes** in medication or dosage.

Parent/Guardian Signature:	Date: / /