

# TSC Medication and Procedure Permission Form



<b>STUDENT</b> _____	<b>DOB</b> _____
<b>TEACHER</b> _____	<b>GRADE</b> _____

**PARENT OR GUARDIAN AND PHYSICIAN -To give medication(s) and/or administer procedure(s) at school:**

- All prescription and over-the-counter medication must be FDA approved and will be kept in the school office. Student may carry inhalers, epipens and diabetic supplies according to IC 20-8.1-5.1-7.5 with written physician permission to possess and self- administer the medication.
- Written instructions from the parent/guardian are required for all prescription and OTC medications. **The instructions must include: name of medication, reason for medication, amount to administer, and time to be administered.** OTC medication amounts must be age appropriate per product label, and may not be given more frequently than stated on label except with physician prescription.
- Pharmacy and OTC medications **must be in the original container affixed with a current pharmacy or package label.**
- Prescription medication with a specific time ordered that is during school hours will be given as directed.

**\*\*Medications must be picked up in the school office, and will be released to the parent or a designee who is at least 18 years old with written permission from the parent.**

- Procedure equipment should be provided by Parent / Guardian- or special arrangements should be made with the School Nurse.

### MEDICATIONS NEEDED AT SCHOOL

MEDICATION	STRENGTH	DOSE	ROUTE	TIME(S)	MED	COMMENTS

### HEALTH CARE PROCEDURES NEEDED AT SCHOOL

PROCEDURE:	PROCEDURE INSTRUCTIONS:	TIME(S)	START /

### PARENT/GUARDIAN SIGNATURE

I give permission to the school staff to administer the above specified medication(s) and / or procedure(s) to my child. I give permission to the school staff to contact my physician if there are any concerns or questions about my child.

ADDITIONAL INFORMATION \_\_\_\_\_

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PHYSICIAN SIGNATURE

The medication(s) / procedure(s) noted above are to be administered to this student at school as stated above.

Student has permission to possess and administer emergency medication (diabetic supplies, inhaler, epipen)     YES     NO

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_