

TSC MEDICATION AND PROCEDURE PERMISSION FORM



STUDENT _____ **DOB** _____

TEACHER _____ **GRADE** _____

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 REASON	COMMENTS

HEALTH CARE PROCEDURES NEEDED AT SCHOOL

PROCEDURE:	PROCEDURE INSTRUCTIONS:	TIME(S)	START / END
□			

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** _____