

WHITKO COMMUNITY SCHOOLS

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PARENT AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL

I AUTHORIZE SCHOOL STAFF TO ADMINISTER THE MEDICATION DESCRIBED BELOW TO MY CHILD,

_____.

Per Indiana Code, the guidelines for administering medication at schools are as follows:

Prescription Medications:

1. No prescription medication will be given unless the school has on file a medication authorization form completed and signed by the doctor or the medication is in the original container with the original pharmacy label and the child's name.
2. The parent authorization to administer medication from the child's parent/guardian must be on file at the school.

Herbals:

1. No herbal or vitamin supplements will be given unless the school has on file a letter/doctors note from the doctor prescribing. All herbal or vitamin supplements must be sent in the original container labeled with the student's name.
 2. The parent authorization to administer medication from the child's parent/guardian must be on file at the school.
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Parent/guardian accepts the following:

- Parent/guardian accepts legal responsibility for the safe arrival of the student's medication to his/her school. It is the responsibility of the parent/guardian to maintain a supply of the medication for the student.
- The school nurse may contact the student's physician with questions regarding the giving of this medication.
- Medication will be given during school hours only unless prior arrangements have been made with school nurse.
- Medication may be dispensed to your student by an UAP (Unlicensed Assistive Personnel) which may include, but not limited to principals, secretary, teachers, health room aide, bus driver or other Whitko employees. All UAP's will be trained yearly according to IC 34-30-14-2.
- Students in grades 9-12 may transport medications to and from home provided the school nurse has written permission on file by the parent/guardian. Medication needs to be turned into school nurse on arrival to school. All other students in K-8 must have a parent/guardian or other designated person who is over 18 years of age drop off or pick up medication.
- Any unused medication that is not picked up by the last day of school will be discarded.
- Please list medications on back of form.

Signature: _____

Date: _____



Big Enough to Deliver, Small Enough to Care

Student Name _____

Doctors Name _____

Start Date _____

Name of Drug _____

Dosage _____

Time to be administered _____

Start Date _____

Name of Drug _____

Dosage _____

Time to be administered _____

Start Date _____

Name of Drug _____

Dosage _____

Time to be administered _____

Start Date _____

Name of Drug _____

Dosage _____

Time to be administered _____

Special Directions _____
