

MERRILLVILLE COMMUNITY SCHOOL CORPORATION

PERMISSION REQUEST FORM FOR CONTINUOUS PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Merrillville School Corporation Policy, in compliance with 511 IAC 7-21-8, requires that all students who need medication during school hours must do the following (**this includes non-prescription as well as prescription medication**).

- 1. Present this medication form completed by both physician and parent to the school nurse or school office in the nurse's absence.** A physician's order written on a prescription blank or physician's letterhead to administer medication at school is acceptable. The parent must then complete the reverse side of this permission form.
- 2. Parents must bring the medication to the School Nurse or the office in the nurse's absence.** The medication must be in the original prescription bottle. The bottle must be properly labeled with the student's name, correct dosage, and the time the medication needs to be administered. If the medication prescribed is an over-the-counter medication it must be in the original bottle, labeled with the student's name and with the manufacturer's instructions visible.

Name of Student: _____ Grade: _____ Year: _____

TO BE COMPLETED BY PHYSICIAN

Medication: _____ Dosage: _____

Specific time to be administered: _____ Administration route: _____

Possible Side Effects: _____

Diagnosis: _____

This student is both capable and responsible for self-administering this medication: _____ Yes _____ No

Physician's Signature

Printed Name of Physician

Physician's Telephone Number

Date

Parent/Guardian must complete the reverse side of this form.

Remember! All medication authorizations must be renewed each school year!