



Evansville Lutheran School

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Indiana State law requires that schools observe certain regulations when administering medication to students. The following procedures must be followed:

1. **Over-the-counter and prescription** medications **require written permission** from the parent or guardian, stating the name of medication, amount of medication, the hours for administration, and the period of time medication is to be continued.
2. Over-the-counter medication must be sent in the original container, labeled with the student's name. Prescription medication must be in the original container with the student's pharmacy label.
3. The school must be notified in writing of any change in medication or dosage.
4. Medication permission forms must be completed each school year.

Student's Name: _____ **Grade:** _____

Name of Medication: _____

Prescription **Over-the-counter**

Medical Condition: _____

Time(s) to be given: _____

Amount to be given: _____

I hereby request school personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school is administering medication to my child and/or supervising the administration thereof gratuitously. Accordingly, I hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, and I further indemnify and agree to defend the school, its personnel, and governing administrative bodies as to any claim, suit or damages it may be called on to pay/or defend, in connection therewith.

Parent's/Guardian's Signature

Date