

Yorktown Community Schools Authorization for Medication Form 5330 F1

It is preferred that medication not be administered at school if it can be avoided. However, if it is absolutely necessary, school policy, as well as, the Indiana State Board of Health standards requires that medication can not be dispensed at school unless the medicine is sent to school in the original container and labeled with the student's name, name of the medication, and correct dosage. Students are to keep all routine medication in the clinic office where it can be taken under the direction of school staff. Medication that is possessed by the school for administration for any student in grades K-8 may be released only to the student's parent/guardian or someone at least 18 years of age designated in writing by the parent. With written parent/guardian permission the school corporation will send home medication that is possessed by the school with a student in grades 9-12. Students who must carry emergency medication (such as inhalers) need this authorization on file in the clinic as well as a completed Authorization for Self-Administration Medication Form. Due to space constraints, we request that a small bottle of medication be sent whenever possible. All prescribed medication will be counted and signed for upon arrival to the school clinic.

The following information is necessary for any student to possess or use prescribed medications in school. All spaces must be completed.

Name of Student	Grade	Date
Address		Phone
School	Teacher	

1. I am requesting permission for my child named above to use or receive the following medication.

Name of Medication	Doctor
How Much to Take	Time to be Given
Reason for Taking	Duration

- 2. I will assume responsibility for safe delivery of the medication to school, either by me or by the child.
- 3. I will notify the school immediately if there is a change in the use of medication.
- 4. I release and agree to hold the Board of School Trustees, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature	Date
---------------------------	------

Each student is responsible for supplying their own medication.