



**SOUTHWEST ALLEN COUNTY SCHOOLS  
FORT WAYNE, INDIANA**

**MEDICATION PERMIT GRADES K-8**

For the safety of our students, our school must observe certain regulations in administering any medications. **WRITTEN PERMISSION IS REQUIRED FOR ALL MEDICATIONS**, whether prescription or "over-the counter". Medications **MUST** be brought to the clinic and given out from the clinic where it can be supervised. We will dispense medications on a daily, routine or "as-needed" basis, as you request. In either case, we will need the specific information noted below.

**PRESCRIPTION MEDICATIONS:**

**MUST BE IN AN OFFICIALLY LABELED CONTAINER:** A duplicate container can be obtained at your pharmacy, usually at no extra cost. The container must: 1)Have a current date; 2)State your child's name; 3)State the medication name and strength; 4)State the amount and time to be given.

**OVER-THE-COUNTER MEDICATIONS:**

**PLEASE SEND IN THE ORIGINAL CONTAINER:** If the amount requested to be given differs from the recommended dosage, a doctor's permission note must accompany it. **Medication must be age appropriate unless otherwise approved by your doctor.**

**INDIANA CODE:**

Indiana law limits the ability to send home a student medication that the parent has sent to school to be administered to the student during school hours. A school corporation may release medication for students in grades kindergarten through grade 8 to the student's parents or an individual who is at least 18 years of age **AND** designated in writing by the student's parent to receive the medication.

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**STUDENT MEDICATION PERMIT**

**Student Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Condition/Ailment** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Amount to be given** \_\_\_\_\_ **Time to be given** \_\_\_\_\_

**May be repeated every** \_\_\_\_\_ **(or mark N/A)**

**TWO HOUR DELAY DAYS:**

**Medication will be given at the first designated prescribed time unless the parent/guardian has contacted the school nurse to make other arrangements.**

As parent/guardian, I accept the legal responsibility for the safe arrival of my child's medication to his/her school.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **/** \_\_\_\_\_  
Date