

# MEDICATION PERMISSION FORM

## MEDICATION POLICY:

- Consistent with Indiana law IC 20-34-3-18, a parent, guardian, or individual at least 18 years of age *with a signed note by a parent or guardian* must bring the medication to the LCS administrative office.
- The LCS staff will no longer be able to administer herbal or homeopathic supplements or medications due to liability concerns.

Please give to (Student Name) \_\_\_\_\_ in \_\_\_\_\_ (grade)  
the following medicine(s):

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

The medicine(s) should be given \_\_\_\_\_ today only \_\_\_\_\_ until prescription is completed  
\_\_\_\_\_ until further notice \_\_\_\_\_ as needed 2007-2008

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Students may transport medications home at the end of the year IF a written statement granting permission is provided. Your signature below will indicate that you would like your student to carry medicines home at the end of the school year.**

Signature \_\_\_\_\_

Relation \_\_\_\_\_