

MONROE-GREGG SCHOOL DISTRICT
MONROVIA, INDIANA 46157

STUDENT MEDICATION PERMIT

Date: _____

Student's Name: _____ Grade: _____

Medication: _____ Dosage: _____

Purpose of Medication: _____

Time of day to be given: _____

Allergies: _____ Possible side effects: _____

*ALL medications are to be brought to school in the original container(s) appropriately labeled stating name of student, medication, time, and dosage. Students who may require administration of an emergency medication may have such medication, identified as aforementioned, stored in the nurse's office and administered in accord with this policy. "However, if authorization for self-medication has been provided by the parent and physician which complies with the requirements of Policy 5330.01 – Self-Administered Medication, then the student may retain possession of the self-administered medications."

Now, asthmatic children in Indiana can carry their medications with them at all times! This includes all transportation to and from, and all school activities on or off school grounds.

I give my permission for the above person(s) to administer the said medication during the school day. I understand that all medications are to be picked up at the end of the year or they will be destroyed.

Date: _____

(Signature of Parent/Guardian)