

MONROE-GREGG SCHOOL DISTRICT
MONROVIA, IN 46157

****PRESCRIPTION** STUDENT MEDICATION PERMIT**

Date: _____

Student's Name: _____

Grade: _____

Medication: _____

Dosage: _____

Purpose of Medication: _____

Time of day to be given: _____

Allergies: _____

Possible side effects: _____

In compliance with Indiana statutes, medication cannot be given unless this form is signed by the legal guardian. The following guidelines must also be followed:

1. All medications must be transported to and from school by parent for students in grades K-5. Students in grades 6-12 may transport medication only with prior authorization from nurse and parent signature.
2. Specific directions for medication administration must be in writing and signed by a parent. Directions must clearly specify the condition(s) for which the medication is to be administered, time to be given, the dosage, and any other related information.
3. All medications must be in the **ORIGINAL** container with correct prescription labeling. Expiration dates must be current. Inhalers need to have prescription label on box and inhaler itself.
4. Any change in medication needs to be in written form by the doctor or a new prescription bottle with updated label.
5. This form must accompany **EACH** medication brought to school. **** Medication forms are applicable for the current school year only. **** (additional forms available in the office or on school web-site)
6. Students are not to carry **ANY** medication with them while at school, unless it is an emergency medication (Asthma inhaler, diabetic supplies, epi-pen, etc.) and proper documentation has been received. The two forms needed are a medication permit form with parent signature, and doctor statement.

Date: _____

Signature of Parent/Guardian: _____