

Lake Central School Corporation Medication Form

Directions:

- Complete the Medication Form which is on page two of this document.
- Parents/guardians must bring the Medication Form and the Medications to school.

Please Note:

- Under **NO** circumstance is a student to bring his or her medication to school.
- All medications must be brought to school and picked up from school by a parent or guardian.

Lake Central School Corporation Medication Permission Form

The Lake Central School Board Policy requires that ALL medications be kept in the nurse's office in the original container. This form must be completed and signed by a parent/guardian and returned to the nurse. Medications must be delivered to school and picked up by a parent/guardian.

Non-Prescription Medications: Must be in the original labeled container.

Student's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Medication Name: _____ Dose & Time: _____

Condition Requiring Medication: _____

Prescription Medications: Must be in the original pharmacy labeled container, or physician's written instructions and signature must accompany manufacturer's packaged medication.

Student's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Prescription Drug: _____ Dose & Time: _____

Diagnosis Requiring Medication: _____

Physician's Name: _____

Physician's Signature: _____

(Required if M.D. requests student to carry his/her inhaler.)

I agree that the school and/or school personnel will not be held liable in any way in regard to the administration of said medications listed above.

Parent's Signature: _____ Date: _____