

JAC-CEN-DEL



Jac-Cen-Del Elementary School

4544 North US 421

Osgood, IN 47037

Phone: (812) 689-4144

Fax: (812) 689-7423

"A Four Star school with four star students and staff."



Parent/Doctor Authorization to Give Medications

PRESCRIPTION medications must be provided in the original container and label intact.

NON-PRESCRIPTION medications will only be administered with a parent note.

- Student's Name: _____
- Name of Medication: _____
- Dosage: _____
- Time to be Administered: _____
- Reason for Medication: _____

Parent/Guardian Consent

This certifies that I, the undersigned Parent/Guardian, am aware of the above authorization and hereby request that appropriate school personnel carry it out accordingly. I agree to notify you immediately of any change in circumstances concerning the administration of this medication I give permission for this information to be provided to the appropriate school personnel to best meet my student's educational needs.

Parent/Guardian Signature: _____ Date: _____

***Physician Consent
(for prescriptions only)***

This certifies that I, the health care provider, am aware of the results for the above named medication to be administered while at school. It is with my permission that the nurse or toher designated school employees shall be allowed to dispense this medication.

Physician Signature: _____ Date: _____

Doctor to check box if he/she feels as though student is responsible enough to carry and administer medication without supervision.

