

**PERMISSION FORM FOR
MEDICATION DURING SCHOOL DAY**

Greater Clark County School Corporation requires that all students who need either prescription or non-prescription medication during school hours must do the following:

1. Return this completed PERMISSION FORM signed by both the parent/legal guardian and the licensed healthcare professional.
2. The medication must be brought to the school office in the original prescription bottle, properly labeled with:
 - a. Name of student
 - b. Name of medication
 - c. Name of licensed healthcare professional
 - d. Directions to administer medication:
 - ✓ amount to be given
 - ✓ when to give medication
 - ✓ route of administration (oral, topical, inhaled, etc.)
3. Medications not retrieved by parents at the end of the school year will be destroyed at the end of the last teacher day of the school year.

TO BE COMPLETED BY PARENT/GUARDIAN	
Student's Name _____	Date of Birth _____
Address _____	School _____
I give my permission for my child to receive the medication described below as directed.	
Parent/Guardian Signature _____	Date _____

TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL	
Name of medication _____	
Specific time(s) & dose(s) to be given at school _____	
Duration of Usage _____	
Purpose of medication _____	
Signature of Licensed Healthcare Professional _____	Date _____
Printed Name of Licensed Healthcare Professional _____	
Address _____	Telephone # _____

For Office Use Only: School Year _____ - _____	Date Filed _____
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