



# CHARTER SCHOOL OF THE DUNES

7300 East Melton Road | Gary, Indiana 46403

P (219) 939-9690 F (219) 939-9031

## MEDICATION AUTHORIZATION BY THE SCHOOL NURSE

The School Nurse shall administer medication (prescription or over-the-counter) if a student is required to receive medication while attending school. All medications (prescription or over-the-counter) require written orders from a licensed physician and signature from the parent. No medication is to be administered without this written authorization. All medication(s) shall be delivered to the School Nurse by the parent or other designated adult in the original labeled container with the student's name, medication name, route, dosage, time and/or other directions. For prescription medications, please ask the pharmacist to prepare two labeled containers. The only exception for which a student may be permitted to carry and self-administer his/her own medication shall be for a potentially life-threatening illness in which the proper forms must be submitted to the School Nurse.

To Be Completed by Physician:

Student: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication, Dosage, and Route: \_\_\_\_\_

Time and Frequency: \_\_\_\_\_

When It May Be Repeated: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Signature of Physician and stamp:

\_\_\_\_\_  
Address/Telephone of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

To Be Completed by Parent: I request the School Nurse to administer the above medication to my child as prescribed by the licensed physician. I shall notify the school nurse if any changes occur with my child's health. I acknowledge that Charter School of the Dunes, and its employees, shall incur no liability as a result of any injury arising from the administration of medication to my child. I give my permission for the School Nurse to share information concerning my child's health with those faculty/staff members on a "need to know" basis. I recognize that sharing this information is important to my child's wellbeing while attending school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_