

JENNINGS COUNTY SCHOOL CORPORATION  
REQUEST TO ADMINISTER MEDICATION

NOTICE TO PARENTS/GUARDIANS:

Whenever medication is to be taken at school, this form must be completed and signed. The form must be completed and signed for any prescription or non-prescription medication.

**Prescription medicine must come in the original container from the pharmacy.** This shows the child’s name, physician’s name, RX (prescription number), name of medication and dosage.

**Non-prescription medicine must come to school in the original container.**

**Medication that is possessed by a school for administration during school hours or at school functions, for students in grades PK – 12 may be released only to the student’s parent or to an individual who is eighteen (18) years of age or older and who has been designated, in writing, by the student’s parent to receive the medication, unless a doctor’s note or Form 5330 F2 is completed granting permission to transport medicine to and from school.**

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Physician \_\_\_\_\_

Name of Medication (s) \_\_\_\_\_

Dosage \_\_\_\_\_ Rx. No. \_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_ I give permission to exchange information with my child’s physician for the purpose of referral, diagnosis, and treatment.

I hereby request that \_\_\_\_\_ (student’s name) take the above medication at school and that the school nurse or her designee administer the medication. I understand that it is my responsibility to furnish this medication and proper instruction for administering the same. I further understand that any school employee who administers this medication to my child shall not be liable for damages as a result of the request, and I shall indemnify and save harmless school employees against any claims for such damage.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_