

**BROWNSBURG COMMUNITY SCHOOL CORPORATION**  
**PRESCRIPTION MEDICATION AND HOLD HARMLESS RELEASE**

School personnel may not administer any prescription medication without the physician's prescription. This form must be completed by your physician. If medication changes either in type or dosage, a written order by the physician must be sent to the school. Students may carry and self medicate for emergency conditions only (asthma inhaler, bee sting, etc.) with physician's and parent's permission.

This form is good for only one year and must be renewed yearly.

Medication to be given by school authorities or that the child carries for emergency use shall be labeled with child's name and medication name.

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**STUDENT NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

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**Physician's diagnosis and medication order:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ This medication is used in emergency situations and the student has been instructed in self-medication.  
**Initialed by Physician**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Physician's printed name)

Signs and symptoms which might be observed if any possibility of medication reaction:

\_\_\_\_\_

I (we) hereby give the school nurse, or person designated and trained to give the medication by the nurse, the authority to administer the above medication. In the case of emergency medication I give my permission for my child to carry and administer this medication.

I (we) shall hold harmless the Brownsburg Community School Corporation, its trustees, administrators, teachers, and employees who may act in reliance upon the authority granted by us.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Date)