

BROWNSBURG COMMUNITY SCHOOL CORPORATION
PRESCRIPTION MEDICATION AND HOLD HARMLESS RELEASE

School personnel may not administer any prescription medication without a valid physician's prescription or pharmacy label. If medication changes, either in type or dosage, a new medication with current and accurate pharmacy label must be sent to the school. Students may carry and self-medicate for emergency conditions only with both physician's and parent's permission. **THIS FORM IS GOOD FOR ONLY ONE YEAR AND MUST BE RENEWED ANNUALLY.**

STUDENT NAME: _____ DOB: _____

SCHOOL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

Physician's order or Medication (name, dosage, and frequency):

- This medication is used in emergency situations and the student has been instructed in self-medication (physician signature required).**

(Physician signature)

(Physician printed name)

(Date)

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.

(Parent/guardian signature)

(Relationship to student)

(Date)

According to I.C. 20-34-3-18 and the BCSC policy, as the parent/guardian of the above student, I give permission for the school to send the above medication home with my child. I have explained to my child that they medication must remain in a sealed envelope and that it must stay in his/her backpack until he/she arrives home. Any emergency medications will be sent home the last day of school. Any controlled substances need to be picked up by a parent or guardian before the end of the day on the last day of school or the medication will be disposed of by the school nurse.

(Parent/guardian signature)

(Date)

FOR SCHOOL USE ONLY – Must have at least one box checked before accepting and administering medication.

- | | |
|---|---|
| <input type="checkbox"/> Received physician's prescription or written order | <input type="checkbox"/> If self-carry: Received physician's order confirming medication, dosage and that student has been properly instructed in how to self-administer medication |
| <input type="checkbox"/> Received copy of the original prescription | |
| <input type="checkbox"/> Received medication in original container with current pharmacy label including student's name, medication, dosage and prescribing physician | |

Signature of School Nurse

Date