**New Castle Community School Corporation**

**Westwood Elementary**

# **PARENT PERMISSION FORM FOR MEDICATION ADMINISTRATION**

I hereby give my permission to New Castle Community School Corporation and designated employee(s) to administer the following medication(s) in good faith:

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK THE NUMBER THAT APPLIES. IDENTIFY MEDICATION INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_ 1. Prescription medication in compliance with the written order of a practitioner and

with the signed permission of the student’s parent/guardian. **State name, dosage, and time to administer.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ 2. Non-Prescription medication with the signed permission of the student’s

 parent/guardian. **Two stock medications will be provided by the Elementary School. Please circle which medication(s) may be administered and the dosage of each during the administration. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administer daily morning medication in event of 2-hour delay?** \_\_\_\_\_\_ **YES** \_\_\_\_\_\_**NO**

| **Liquid Tylenol** | **Liquid Motrin** |
| --- | --- |
| **4-5 years** | **7.5 mL** | **4-5 years** | **7.5 mL** |
| **6-8 years** | **10 mL** | **6-8 years** | **10 mL** |
| **9-10 years** | **12.5 mL** | **9-10 years** | **12.5 mL** |
| **11+ years** | **15 mL** | **11+ years** | **15 mL** |

1. Medication will not be administered without proper signed forms, specific directions, and identification. **DO NOT send medicine in anything but the original unopened container with proper identification. No partial medication bottles, medications in baggies or unlabeled medications will be accepted.**
2. **ALL** medication(s) must be brought in by an adult.
3. Inhalers, Epi-Pens, Diabetic supplies, and other medications may be carried by students with orders stating so from a licensed provider.
4. Cough Drops/Throat Lozenges may be brought in and carried by a student without signed form on file. **We will not have any of these on hand in the nurse’s office.**
5. I grant permission for my child’s medications to be administered during school field trips or activities. I acknowledge that the Health Assistant **MAY NOT** be present during field trips and my child’s mediation will be administered by a volunteer health aide. It is my responsibility to notify the school if I desire something different.

The undersigned acknowledges that **Indiana Code 34-4-16.5-3-5** grants a qualified immunity to school personnel administering medication to a pupil and liability for civil damages is limited to gross negligence or willful and wanton misconduct on the part of the school’s personnel.