

**HHSC MEDICATION PERMISSION FORM**  
**(YEARLY RENEWAL REQUIRED)**

<u>School</u>	<u>Clinic Phone Numbers</u>	<u>FAX Numbers</u>
Hamilton Heights Elementary	317-984-1530 x 3020	317-984-1544
Hamilton Heights Middle	317-984-3547 x 2020	317-984-3540
Hamilton Heights High	317-984-3551 x 1020	317-984-3554

Parents, or a designated adult, should bring in any FDA approved medication to be administered at school and the nurse will secure it in the clinic. Students are not to carry medication with them at school, leave medication in their lockers/backpacks, or give medication to another student. If a physician requests that medication (such as an inhaler for Asthma) needs to be on the person, your physician must complete the lower part of this form.

Prescription Medication:

1. Medication must be in the original container from the pharmacy
2. Must include a signature from the doctor on this form with medication instructions

Non-Prescription Medication:

1. Medication must be in the original container
2. Must include a signature on this form from the parent or physician with medication instructions

NAME OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_ GRADE \_\_\_\_\_ BUS # \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNATURE OF PHYSICIAN** (Required for Prescription Medication) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**ON PERSON MEDICATION AUTHORIZATION\*\*\***

The medication listed below may be kept on the student's person at school due to a chronic disease or medical condition. The nature of the disease/condition requires emergency administration of the medication. I have instructed \_\_\_\_\_ in the proper way to use his/her medication and it is my professional opinion that he/she should be allowed to carry and use that medication by him/herself.

MEDICATION	CHRONIC CONDITION/DISEASE
_____	_____
_____	_____

Do you want the student to report to the school nurse when he/she uses the on person medication at school? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

\*\*\*Per IC 34-30-14-6, the School or School Board is not liable for civil damages as a result of a student's self-administration of medication for an acute or chronic disease or medical condition as provided under IC 20-33-8-13 except for an act or omission amounting to gross negligence or willful and wanton misconduct.

**Return this completed form to the school nurse as soon as possible. Thank you.**