

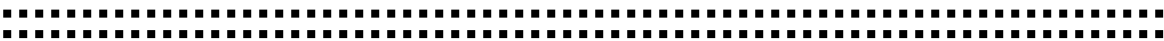
LITTLE FLOWER SCHOOL
1401 N. Bosart Ave.
Indianapolis, IN 46201
(317) 353-2282 FAX (317) 322-7702
Pastor: Father Robert Gilday
Principal: Mr. Kevin Gawrys

MEDICATION POLICY

In order to protect the health and welfare of children and school staff members, Indiana laws require that School personnel observe certain safeguards in administering prescription medication to pupils. If we are to administer prescription medicine to your child, the following procedures will be observed.

- (A) We must have written request of the parent/guardian. The form below may be used for that purpose.
- (B) The prescribing physician must provide a written order stating the amount of medication, the hours for administration, and the period of time medication is to continue. **NOTE:** This information can be contained on the label of the original pharmacy container.
- (C) Continuing long term medication (i.e. for diabetes, asthma, hyperactivity, etc.) must be re-verified at the beginning of each school year.

WE CANNOT ASSUME RESPONSIBILITY FOR MEDICATION UNLESS THESE PROVISIONS ARE FOLLOWED. Non-prescription, over the counter, medication will be given or dispensed by a school employee **ONLY** upon request of the parent or guardian, and by phone, only in an emergency, which must include the specific instructions for administration.



PARENTAL/GUARDIAN MEDICATION RELEASE STATEMENT

I hereby give permission for school staff members to administer medication to _____ during school hours, in accordance with my enclosed written instructions. I agree to provide all medication in the original container from the pharmacy and to renew long-term medication orders at the beginning of every school year. I have enclosed specific instructions of administration of non-prescription medicine.

NAME OF MEDICATION: _____

TIME OF ADMINISTRATION: _____

PERIOD OF TIME TO BE CONTINUED: _____

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____