

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

**MEDICATION POLICY**

To protect the health and welfare of children and members of the school staff, the laws of Indiana requires school personnel to observe certain measures when administering prescription medications to the students. If we are to administer prescription medication to your child, the following will be observed procedures.

(A) We must have a written request from the parent/guardian. You can use the following form

For that purpose.

(B) The prescribing physician must provide a written order indicating the amount of medication, the times of administration and the period of time that the medication must be To follow. NOTE: This information may be contained on the label of the original. pharmacy container.

(C) Long-term medication (i.e., for diabetes, asthma, hyperactivity, etc.) re-verified at the beginning of each school year.

**WE CANNOT ASSUME RESPONSIBILITY FOR MEDICATIONS UNLESS COMPLY WITH THESE PROVISIONS. A school employee will administer or dispense medication without a prescription, over the counter, ONLY at the request of the parent or guardian, and by phone, only in a emergency, which should include specific instructions for administration.**

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**STATEMENT OF MEDICATION RELEASE FOR PARENTS/GUARDIANS**

I hereby give permission for school staff members to administer medication to \_\_\_\_\_ during school hours, in accordance with my written instructions attached. I agree to provide all medications in the original pharmacy container and to renew long-term medication orders at the beginning of each school year. I have attached instructions specific administration of medications without a prescription.

MEDICATION NAME: \_\_\_\_\_

TIME OF ADMINISTRATION: \_\_\_\_\_

CONTINUING TIME PERIOD: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_