

ROCK CREEK COMMUNITY ACADEMY

MEDICATION POLICY AND PERMISSION SLIP

RCCA FAX number 812-246-0722

Indiana State law requires that schools observe certain regulations when administering medications to students. The following procedures **MUST** be followed:

1. **ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER**
2. **Over-the-counter medications** require written permission from the parent or guardian stating the name of the medication, amount of medication, the time of administration, and the length of time the medication will need to be administered.
3. **Prescription medications** MUST BE in the original container. **The pharmacy label will meet the requirement for the physician's order; however, the parent must complete and sign the Student Medication Permission Slip.** Medication changes must be documented by written order from the prescribing physician.
4. **The parent/legal guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to and from the school.**

Student name: _____ Grade: _____

Purpose of medication: _____ Medical condition: _____

Name of Medication: _____

Medication dose: _____

Additional comments/directions: _____

As parent/guardian, I accept legal responsibility for the safe arrival of my child's medication to his/her school.

_____ INITIAL HERE to give permission for RCCA to send home your child's medication from school with him/her.

I authorize school personnel to administer the above medication to my child and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by me and the school nurse to assist my child in taking said medication.

Parent/Guardian Signature: _____ Date: _____

Phone number: _____

