

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

ADMINISTRATION BUILDING
1200 CENTRAL AVENUE
COLUMBUS, IN 47201

Prescription Medication

TO: School Personnel at

Name of School

RE: Administration of Medication to

Student's Name

This notice is to inform you that the above named student, enrolled in your school, is currently under my medical care. As a part of that care, this student must receive the following medication for the medical indication listed, at the dosage, route and interval prescribed below.

Indicated Medical Diagnosis: _____

Medication: _____

Dosage, Interval and route: _____

Length of therapy: _____

Additional information _____

I request and authorize you to administer this medication in accordance with the above instructions. Problems concerning administration of this medication can be referred to me at:

Date

Physician's Signature

Address

Telephone

We, as the parent(s) of _____, request, authorize and give written permission to you to administer the medication described in accordance with the instructions provided.

We agree to notify you immediately of any change in circumstances concerning administration of this medication.

Parent Signature: _____

Address: _____

Telephone: _____

Date: _____

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I, the parent of _____, give permission to administer the following medications in accordance with the following instructions for dose, interval of dosage and indications for administration:

1. Medication: _____

Dose: _____ Time of Dose: _____

Indications: _____

2. Medication: _____

Dose: _____ Time of Dose: _____

Indications: _____

3. Medication: _____

Dose: _____ Time of Dose: _____

Indications: _____

4. Medication: _____

Dose: _____ Time of Dose: _____

Indications: _____

Parent Signature: _____

Address: _____

Telephone: _____

Date: _____