

# Authorization for Medication

for Heritage Hall Christian School



form HH-05

year 20-21

## Parent Information

**It is preferred that medication not be administered at school if it can be avoided.** However, if it is absolutely necessary, school policy as well as the Indiana State Board of Health standards require that medication not be dispensed at school unless the medicine is sent to the school **in its original container, and labeled with the student's name, name of the medicine, and correct dosage.** Students are to keep all medication (including aspirin and Tylenol) in the office where it can be taken under the direction of the school staff. Students who must carry inhalers need this authorization on file in the office.

The following information is necessary for any student to possess or use prescribed medications at school.

**All spaces must be completed.**

## Student Information

Student's Name	Grade	Date
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Address	Phone
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Teacher
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## Medication Information

Name of Medication	Name of Doctor
Dosage	Time to be Given
Reason for Taking	When to Send Home

## Signature

- I am requesting permission for the child named above to use or receive the medication named above.
- I will assume responsibility for safe delivery of the medication to school, either by me or my child.
- I will notify the school immediately if there is any change in the use of the medication.
- I release and agree to hold Heritage Hall Christian School, its officials, and its employees free from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of parent/legal guardian      Printed Name      Date

\_\_\_\_\_  
Home phone number      Work phone number

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(765) 289-6371

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