



ANDREAN HIGH SCHOOL

CHRIST IS MY TEACHER

ANDREAN HIGH SCHOOL

Medication to be Carried at School

Under the State of Indiana Law IC 20-33-8-13, possession and self-administration of medication is permitted as follows. Please complete this form and return it to the school if you require your child to use/carry medication at school.

Contract between Physician, Parent, Student and Nurse for permission to carry medication

Name of Medication	Dose	Frequency of Use
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_____	_____	_____
_____	_____	_____

The physician states in writing that:

- The student has an acute or chronic disease or medical condition for which the medication has been prescribed. List medical conditions.

- _____
- The student has been instructed how to self-administer the medication
 - The nature of the medical condition requires emergency administration of the medication.

Physician Signature _____ Date _____

I give permission for my child _____ to carry medication prescribed by his/her physician as listed above. I understand that he/she must follow the rules listed below. I will notify the school of any changes in medication or my child's condition.

Parent Signature _____ Date _____

- The student has demonstrated to the nurse or doctor the correct use of the medication.
- The student agrees to never share the medication
- The student agrees to carry the medication on their person
- The student agrees after initial use of medication, if there is not marked improvement, he/she will go to the nurse immediately.

Student Signature _____ Date _____