

**Metropolitan School District of Pike Township
Written Permission Medical Statement**



- | | | | |
|--|--|---|--|
| <input type="checkbox"/> CES
7001 Zionsville Rd
St.
Indianapolis, IN 46268
317-297-2778 | <input type="checkbox"/> CPES
2811 Barnard St.

Indianapolis, IN 46268
317-347-7400 | <input type="checkbox"/> DRES
5401 N. High School Rd

Indianapolis, IN 46254
317-299-1266 | <input type="checkbox"/> ECES
6905 W. 46 th

Indianapolis, IN 46254
317-291-1311 |
| <input type="checkbox"/> EES
7625 New Augusta Rd.
Indianapolis, IN 46268
317-387-5900 | <input type="checkbox"/> FCPA
8301 W. 86 th St.
Indianapolis, IN 46278
317-347-8470 | <input type="checkbox"/> GCES
4301 W. 52 nd St.
Indianapolis, IN 46254
317-298-2780 | <input type="checkbox"/> NAS
6250 Rodebaugh Rd.
Indianapolis, IN 46268
317-387-4325 |
| <input type="checkbox"/> NJELC
7839 New Augusta Rd.
Indianapolis, IN 46268
317-387-7100 | <input type="checkbox"/> SCES
5455 W. 56 th St.
Indianapolis, IN 46254
317-295-7200 | <input type="checkbox"/> GCMS
4401 W. 52 nd St.
Indianapolis, IN 466254
317-293-4549 | <input type="checkbox"/> LMS
5353 W. 71 st St.
Indianapolis, IN 46268
317-291-9499 |
| <input type="checkbox"/> NAN
6450 Rodebaugh Rd.
Indianapolis, IN 46268
317-387-4328 | <input type="checkbox"/> PFC
6801 Zionsville Rd.
Indianapolis, IN 46268
317-347-8600 | <input type="checkbox"/> PHS
5401 W. 71 st St.
Indianapolis, IN 46268
317-291-5250 | <input type="checkbox"/> PPA
7140 Waldemar Dr.
Indianapolis, IN 46268
317-347-8352 |

In accordance with the State of Indiana, all prescription and non-prescription medications must be administered to students in the health center by designated school employees. In order for medication to be given to your child, your written permission must be given to the school when the medicine is handed to or sent to the school. We recommend that you send to the school only the amount of medicine to be given during school hours for the total number of days the medicine is to be given.

The following permission slip has been devised as a way to help you and the school comply with this State requirement. All blanks must be answered and form must be signed and dated to be valid. This form must be completed for every medication sent to the school with your child. You may get additional forms from your child's school office.

Child's Name: _____

Medication Name: _____

Dosage: _____

Time medication to be given: _____

Length of time medication will be given: _____

Is this a prescription medication? Please Circle: Yes No

- A. If yes, the medicine should be in the original prescription bottle and be accompanied by written instructions from the physician.**
- B. If the medication is non-prescription, please indicate the reason the medication should be given. (e.g. Headache, runny nose, etc.)**

To the best of my knowledge, the above information is correct. I, hereby give _____,
(School's Name)
permission to give my child the above medication. Any unused portion of the medication will be returned to the parent/legal guardian or an individual eighteen (18) years of age or older that has been designated, in writing, by the parent/legal guardian.

Parent/Legal Guardian Signature

Date

Physician Signature

Date