



1202 E. Troy • Indianapolis, IN 46203
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(317) 217-1979

MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. Such medication should be in a container with a child-proof cap and labeled with:

1. Student's name
2. Name of prescribing physician
3. Name of medication
4. Instructions such as dosage and time to be given

Student's Name:	
Diagnosis/Purpose of Medication:	
Name of Medication:	
How is medication to be administered?	
Should the school be aware of any adverse reactions or precautions?	

The undersigned parent/guardian authorizes Emma Donnan Middle School through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify the school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Emma Donnan Middle School and its employees from any liability or damage, which may result from the administration of said medication as prescribed by the physician.

Student's Name:

Parent or Guardian Signature:

Date:
