

IMMANUEL LUTHERAN SCHOOL
NON-PRESCRIPTION DRUG FORM

Dear Parent:

You are asked to note the following Indiana Statute:

Indiana Code 34-4-16.5-3-5, and amendments thereto. A school administrator, designated Teacher, or other school employee designated by the school administrator, who in good faith Administers a prescription drug to a student, with the written permission of the student's Parents or guardian, and in compliance with the written instructions of a practitioner, which Shall be on file with the school, is not liable for civil damages as a result of the administration Except for an act or omission amounting to gross negligence or willful and wanton misconduct.

You have asked us to dispense a non-prescription drug to:

during the school day. We believe it is in the best interest of this child in this case to have clear and specific written directions on dosage and administration from you. Toward that end, please complete the attached form and return it to us so that we can best protect and participate in the treatment of this child.

Thank you for your cooperation.

Sincerely,

Todd Behmlander
Principal

**IMMANUEL LUTHERAN SCHOOL
CONSENT TO ADMINISTER NON-PRESCRIPTION MEDICATION**

A completed copy of this permission form must be in the school office prior to school personnel involvement in the administration of non-prescription medication to a student.

Student's Name _____

Name of Drug _____

Dosage _____

Time of Day to be Given _____

Number of Days to be Given _____

The non-prescription drug is to be furnished to the school office in the original container with the name of the drug and the name of the student.

Signed:

THE PARENT MAY WITHDRAW CONSENT (IN WRITING) AT ANY TIME.

(This consent form was designed to comply with the provisions of Indiana Code 34-4-16.5-3-5 and amendments thereto, and Rule 3-1 of Commission on General Education).