

Community School Corporation of Southern Hancock  
PARENT REQUEST AND AUTHORIZATION TO ADMINISTER  
**OVER THE COUNTER MEDICATION**

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE PRESCRIBED MEDICATIONS  
OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Student Name	Grade/School		
Medication	Dose	Route	Time
Reason for taking	How long medication should be taken or (school year)		

- ❖ Grades K-8th: Medication **MUST** be brought in from home by a parent/guardian/responsible adult (age 18+). High School students may bring medication into the clinic staff except for controlled substances. The school **DOES NOT** stock medications.
- ❖ ALL medication must be in the original container.
- ❖ Over the counter medications given daily should be accompanied by a doctor's note.
- ❖ Aspirin and aspirin containing products will not be administered to students unless there is a written statement from a physician documenting its necessity.

Signature of Parent or Guardian	Date
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Home Telephone	Work Telephone
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\*Medication form good only for current school year. All medications must be picked up before school year ends