East Central High School
1 TROJAN PLACE
ST. LEON, INDIANA 47012
PHONE: 812-576-4811
FAX: 812-576-2047

Superintendent: Dr. Andrew Jackson • **Principal:** Thomas Black • **Asst Principals:** Jamie Rosfeld and Chad Swinney • **Director of Support Services:** Brandon Burress • **Athletic Director:** Don Stonefield • **Guidance**: Bradley Wynn, Lisa Tupper and Rhonda Murdock • **Registered Nurse:** Angela Tiemann

PHYSICIAN'S
PERMISSION FOR PRESCRIBED MEDICATION

Grade_____ Date form received by school_____

Student_____ Date of Birth _____
Last First MI

Name of Medication_____

Reason for Medication_____

FORM OF MEDICATION _____ tablet/capsule _____liquid ____inhaler _____injection ____ epipen ____nebulizer

Dose_____

Instructions: time to be given at school _____

Start date _____ date form received or other date _____
Stop date_____ end of school or other date _____

Restrictions and/ or important side effects_____

Storage requirement_____

Is this student both capable and responsible for SELF-ADMINISTERING this inhaler/epipen:

At school?
- ☐ **NO**
- ☐ **YES, with supervision**
- ☐ **YES, without supervision**

While transporting on school bus? **(UNSUPERVISED ONLY)**
- ☐ **NO**
- ☐ **YES**

Physician's signature_____Date_____

I give permission to school personnel to administer the above medication as instructed and agree to deliver the medication to the school in the original container with label intact. I understand that it is the student's responsibility to report on time for this medication.

I will notify the school immediately of any changes in dose, time, physician or discontinuation of the above medication.

I give permission to school personnel to speak to the prescribing physician/healthcare provider if the dose exceeds the standard according to the Physicians Desk Reference (PDR). The call is to verify what is written for the protection of your child. I agree to absolve Sunman Dearborn School Corporation and employees from any events arising from the administration of this medication.

Parent/Guardian Signature_____Date_____

Telephone during school hours ( )_____ Other telephone_____