

School City of Hammond

41 Williams Street • Hammond, Indiana 46320
(219) 933-2400 • (219) 554-4517 FAX



Mr. Scott E. Miller, Superintendent

ADMINISTRATION OF MEDICATION AT SCHOOL

When a student is to receive medication (not limited to prescription medications, including over the counter medications, such as ibuprofen, Tylenol. Etc.) to be administered at school, a physician's order and parental/guardian permission is required.

Please note: Medications must be delivered to school by the parent/guardian in the original container from the pharmacy with the student's name, name of the medication, dosage and schedule of administration.

Student's Name: _____

Date of Birth: _____ Grade: _____

I give permission for: _____

to receive: Medication _____

Dosage/Amount: _____ Time: _____

According to the written orders of Doctor/Health Care Provider:

Print Doctor Name

Doctor's Signature

Phone Number

Parent/Guardian Signature

Phone Number

Date

School

School Year

Board of School Trustees

Carlotta Blake-King

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