

**Decatur County Community School Corporation**  
**North Decatur Jr.-Sr. High School**  
3172 N. State Road 3  
Greensburg, IN 47240  
(P) 812-663-4204 (F) 812-663-9606

**Permission to Administer Medication Form**

Student's Name \_\_\_\_\_  
\_\_\_\_\_

School Yr. \_\_\_\_\_

This notice is to inform you that the above named student, enrolled in your school, is currently under my medical care. As a part of that care, the student must receive the following medication for the medical indication listed, at the dosage, route, and interval prescribed below.

Indicated Medical Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage, Interval, & Route: \_\_\_\_\_

Additional Information: \_\_\_\_\_

I request and authorize you to administer this medication in accordance with the above instructions. These instructions remain in force until further notice. Problems concerning this medication can be referred to me at:

\_\_\_\_\_  
ADDRESS & PHONE NUMBER OF PHYSICIAN

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

We, as the parent/guardian of \_\_\_\_\_ request and give written permission to you to administer the medication as described in accordance with the instructions provided. We agree to notify you immediately of any change in circumstances concerning administration of this medication.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE