



MSD of Martinsville

389 E. Jackson Street, Martinsville, IN 46151

(765)342-6641 Fax (765)349-5262

Dear Parent or Guardian,

Prescription medications that MUST be administered at school will be stored in the clinic at all times. Only emergency medications with self-administer permission will be permitted to remain with the student.

Student's Name: _____

DOB: _____

Grade: _____

Medication	Dose/Time	Reason for Medication
	Dosage: Time: AM/PM	

Action plans, physician orders, and self carry permission (MD signed) must be filed yearly with the clinic staff.

All medication not taken home on the last day of school will be destroyed at the end of the school year.

- Please check if you will allow your child to bring the listed medication(s) home. Section 41C 20-34-3-18 is amended effective July 1, 2005 to permit this.)

I have been informed that I have access to and may review any or all of my child's school records and if so desire, to challenge the content of the records provided by the Family Educational Rights and Privacy Act (FERPA) of 1974.

SIGNED: _____ **DATE:** _____

Parent/Legal Guardian