



MSD of Martinsville

Medication Permission



Student's Name: _____

DOB: _____

Grade/Teacher: _____

Dear Parent or Guardian,

The state of Indiana requires parent/guardian permission for over the counter medications to be administered in the school clinic.

If you would like to give permission, please check the box next to the medication below.

Please note: The school will keep a small supply of Ibuprofen & Tylenol in the clinic to be able to administer a one-time dose to students without medication in the clinic, given that permission is on file. However, students MUST supply ALL of their own medications in unopened packaging along with this completed form to continue to receive them at school. Medications will be labeled with student name/date of birth and kept in the clinic. Check all that apply:

- ☐ Pain Reliever (i.e. Tylenol and/or Ibuprofen)
- ☐ Cough Suppressant/Expectorant
- ☐ Hydrocortisone Cream 1%
- ☐ Oral pain relief/Orajel
- ☐ Antibiotic ointment (i.e. Neosporin)
- ☐ Antacid (i.e. Tums)
- ☐ Cough drops
- ☐ Other: _____
- ☐ Other: _____

Note: Package directions will be followed exactly as written for dosages and time frames to be given. Therefore, age and weight-appropriate medications should be sent.

X _____ Date: _____
Parent/Guardian Signature

Central Education Center

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District Nurse: Emmylou Spence BSN, RN, NCSN (ext: 3006) and Ali Kingen BSN, RN, NCSN (ext: 1056)