



# MSD of Martinsville

## Clinic Department



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

DOB: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Dear Parent/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.**

Medication	Dose/Time	Reason for Medication
	Dosage: Frequency: Time: AM/PM	
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**Note:** Action plans, physician orders, and self carry permission (MD signed) must be filed yearly with the clinic staff.

**All controlled medication not picked up on the last day of school by an adult will be destroyed at the end of the school year.**

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: \_\_\_\_\_

Parent/Legal Guardian

DATE: \_\_\_\_\_

### Central Education Center

**389 E. Jackson Street, Martinsville, IN 46151 Phone: (765)342-6641 Fax: (765)349-5262**  
District Nurse: Emmylou Spence BSN, RN, NCSN (ext: 3006) and Ali Kingen BSN, RN, NCSN (ext: 1056)