

**JOHN GLENN SCHOOL CORPORATION
REGULATIONS FOR TAKING MEDICATION AT SCHOOL**

If your child must take medication at school, the following must be filled out in order to comply with Indiana State Law.

1. **PRESCRIPTION MEDICATION:** Must be sent to school in the ORIGINAL CONTAINER with this form completed by a parent/guardian stating the child may take it at school. In addition to this form, a prescription medication authorization form will be sent to the prescriber's office for their signature. That form will then serve as the order. Controlled Substances must be brought in by the parent/guardian and will be counted by the authorized school personnel and the parent/guardian. Extenuating circumstances will be discussed with the supervising nurse and school principal.
2. **OVER THE COUNTER MEDICATIONS:** Must be sent in the ORIGINAL CONTAINER with this form completed by the parent/guardian. OTC medication will not be given outside of the package insert for recommended dosage and frequency. If the parent/guardian wants the student to take the medication outside of the recommended dosing, the parent will need to have a physician send an order to the school with instructions for use.
3. **ANAPHYLACTIC MEDICATION:** If your child has a severe allergy requiring emergency medication, please supply the school with the medication needed for your child. This form will need to be filled out by the parent/guardian. An emergency action plan will also be sent to the prescriber of the medication and serve as the order for use.
4. **INHALERS:** Inhalers are to be kept in the nurse's office unless a parent/guardian would like the child to carry the inhaler with them throughout the school day. This form will need to be completed regardless of where the inhaler is kept. If the child is carrying their inhaler, please contact the school nurse and an additional form is needed for parent authorization of the student to carry the inhaler. Please note, it is then your responsibility to ensure the student has their inhaler with them at all times in the event of an emergency. An Asthma Action Plan will also be sent to the prescriber's office for them to fill out and kept on file.

Thank you,
JGSC Nurses

Personnel at JGSC are authorized to give this MEDICATION to:

STUDENT NAME: _____ GRADE: _____

MEDICATION (Must be in original container) _____

DOSAGE OR AMOUNT TO GIVE: _____

TIME (To be given): _____

Signature of Parent or Guardian: _____ Date: _____

Valid for 2025-26 school year

***PLEASE NOTE: We do not stock medications in the nurse's office. Please send in any frequently used medication your child may need (i.e. Acetaminophen, Ibuprofen, Tums, Allergy medications).