

NEW ALBANY-FLOYD COUNTY CONSOLIDATED SCHOOL CORPORATION  
SCHOOL HEALTH SERVICES

STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER MEDICATION

In accordance with Indiana Public Law 264-2001, effective July 1, 2001, a student may be authorized to possess and self-administer medication for a chronic or acute disease or medical condition if said medication is necessary in an emergency situation. A student may also be authorized to carry medication home from school that has been in the school's possession for administration at school or a school function.

Section I: Parent Authorization

I authorize my child (name)\_\_\_\_\_ School\_\_\_\_\_

Grade \_\_\_\_\_ to (check appropriate blanks):

\_\_\_ Possess and self-administer medication due to a chronic or acute disease or medical condition. (Section II below must be completed and signed by the student's physician.)

\_\_\_ Carry medication home from school that has been in the school's possession for administration at school or at a school function.

**Parent/guardian signature**\_\_\_\_\_ **Date**\_\_\_\_\_

Section II: Physician's Statement

I certify that I am the above named student's physician and that the student has an acute or chronic disease or medical condition for which I have prescribed the following medication to be used in an emergency:

Specify medical condition or disease:\_\_\_\_\_

**Medication, dosage and time to be given:**\_\_\_\_\_

I further certify that the nature of the disease or medical condition may require emergency administration of the medication and that the student has been instructed in how to self-administer the medication.

**Physician's signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Physician's printed name**\_\_\_\_\_

**Physician's Phone**\_\_\_\_\_ **Physician's Fax**\_\_\_\_\_

Note: This form must be renewed at the beginning of each school year.  
2009, 2010