

# Seymour Middle School



## **Respect, Responsibility, Resourcefulness**

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Form 5141.4.-2A

### **Seymour Community Schools Prescription Drug Form**

**Dear Parent and Practitioner:**

**You are asked to note the following Indiana Statute:**

Indiana Code 34-4-16.5-3-5, and amendments thereto. A school administrator, teacher or other school employee designated by the school administrator, who in good faith administers a legend drug to a pupil, with written permission of pupil's parent or guardian, and in compliance with the written instructions of a practitioner, which shall be on file with the school, is not liable for civil damages as a result of administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

**You have asked us to dispense a legend drug to \_\_\_\_\_ during the school day. We believe it is in the best interest of this child in this case to have clear and specific written direction on dosage and administration from both parent and practitioner. Please complete the form on the other paper and return it to us so that we can best protect and participate in the treatment of your child.**

**Questions concerning the form should be directed to Mrs. Sherry Reinhart R.N. School Nurse at Seymour Middle School.**

**Thank you for your cooperation.**

**Sincerely,**

**Mr. Doug McClure, Principal  
Seymour Middle School**

**Form 5141.4-1b**  
**Seymour Community Schools**  
**Consent to Administer A Legend Drug**

**A completed copy of this permission form must be on file in the office of the school nurse prior to the school personnel involvement in the administration of a legend drug to a pupil.**

**Pupil's Name** \_\_\_\_\_

**Name of Legend Drug** \_\_\_\_\_

**Time of Day to be given** \_\_\_\_\_

**Number of Days to be given** \_\_\_\_\_

**The legend drug is to be given to the school nurse in a container labeled by the pharmacy with the following information:**

**Prescription Number** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Practitioner's Name** \_\_\_\_\_

**Name of Legend Drug** \_\_\_\_\_

**Signed:**

\_\_\_\_\_  
**Legal Custodial Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Practitioner's Signature**

\_\_\_\_\_  
**Date**

**THE PARENT MAY WITHDRAW CONSENT (in writing) AT ANY TIME.**

**(This consent form was designed to comply with the provisions of Indiana Code 34-4-16.5-35 and amendments thereto, and Rule 51 of Commission on General Education.)**