



School City of Hammond  
 Department of Health Services

41 Williams Street, Hammond, IN 46320 – Phone (219) 933-2400 – Fax (219) 989-3957

ADMINISTRATION OF MEDICATION AT SCHOOL

When a student is to receive medication (not limited to prescription medications, including over the counter medications, such as Ibuprofen, Tylenol etc.) to be administered at school, a physician’s order and parental/guardian permission is required.

Please note: Medications must be delivered to school by the parent/guardian in the original container from the pharmacy with the student’s name, name of the medication, dosage and schedule of administration.

Student’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I give permission for: \_\_\_\_\_

To receive: Medication \_\_\_\_\_

Dosage/Amount: \_\_\_\_\_ Time: \_\_\_\_\_

According to the written orders of Doctor/Health Care Provider:

\_\_\_\_\_  
 Print Doctor Name

\_\_\_\_\_  
 Doctor’s Signature

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 School

\_\_\_\_\_  
 School Year