

Clay Community Schools
1013 S. Forest Park
Brazil, IN 47834
812 443-4461

August 1, 2020-June 30, 2021

***Daily Prescription medications will only be given with a parental signed release of information for prescribing physician.**

Student's Name

Date

I hereby give permission for school staff members to administer medication to _____
During school hours, as prescribed by my physician. I agree to provide all medication in the original
container from the pharmacy and to renew long term medication orders at the beginning of every
school year.

Doctor's name _____

Diagnosis _____

Name of Medication _____

Dosage _____

Time medication should be taken _____

Parent's signature

Date

Address

Phone

Rev 07/29/2020