

Clay Community Schools  
1013 S. Forest Avenue  
Brazil, IN 47834  
812 443-4461  
**August 1, 2024-June 30, 2025**

**\*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 to administer medication to \_\_\_\_\_,  
during school hours, as prescribed by my physician/provider. 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