



Anderson Preparatory Academy
"More Excellence is Expected"

ANDERSON PREPARATORY ACADEMY

2200 W 22nd Street
Anderson, IN. 46011

765.649.8472
www.goapa.org

In accordance with the State of Indiana, all prescribed and non-prescribed medications must be administered to students in the health center by designated school employees. In order for medications to be given to your child, your written permission must be given to the school when the medicine is handed to or sent to the school. We recommend that you send to the school only the amount of medicine to be given during school hours for the total number of days the medicine is to be given.

The following permission slip has been devised as a way to help you, and the school, comply with the State requirement. All blanks must be answered and the form signed and dated to be valid. You may get additional forms from your child's school office.

Child name: _____

Medication name: _____

Times medication to be given: _____

Length of time medication will be given: _____

Is this a prescription medication? Please circle: YES NO

A.) If yes, the medicine should be in the original prescription bottle and be accompanied by written instructions from the physician.

B.) If the medication is non-prescription, please indicate the reason the medication should be given (eg: headache, runny nose, etc.). Non-prescription medication should be sent in the original, unopened container.

To the best of my knowledge, the above information is correct. I hereby give Anderson Preparatory Academy permission to give my child the above medication and return home the unused portion of the medication.

Parents signature: _____ Date: _____

Physicians signature: _____ Date: _____