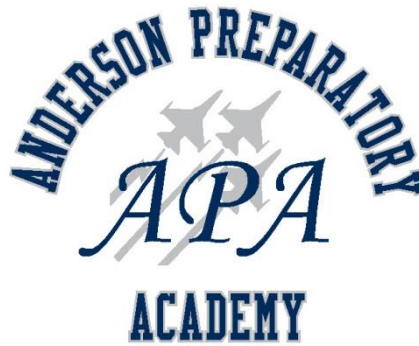


2200 W. 22nd Street
Anderson, IN 46016
Kindergarten - Delta
765.649.8472 - office
765.640.5445 - fax
www.goapa.org



101 W. 29th Street
Anderson, IN 46016
Echo - 12th Grade
765.649.8742 - office
765.640.2550 - fax
www.goapa.org

Permission to Dispense Medication

In accordance with the State of Indiana, all prescribed and non-prescription medications must be administered to students in the health center by designated school employees. In order for medication 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 this State requirement. All blanks must be answered and the form must be signed and dated to be valid. This form must be completed for every medication sent to the school with your child. 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.). It 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 any unused portion of the medication.

Parent signature: _____ Date: _____

Physician Signature: _____ Date: _____

"Where Excellence is Expected"