

## FLAT ROCK-HAWCREEK SCHOOL CORPORATION

HAUSER JR.SR.HIGH SCHOOL /HOPE ELEMENTARY SCHOOL  
(HAUSER) 9273 N. SR 9/ (HOPE) 9575 N. SR 9  
HOPE, IN 47246

TO: School Personnel at \_\_\_\_\_ Name of School \_\_\_\_\_

RE: Administration of Medication to \_\_\_\_\_ Name of Student \_\_\_\_\_

This notice is to inform you that the above named student, enrolled in your school, is currently under my medical care. As a part of that care, this student must receive the following medication for the medical indication listed, at the dosage, route and interval prescribed below.

Indicated Medical Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage, Interval and route: \_\_\_\_\_

Length of therapy: \_\_\_\_\_

Additional information \_\_\_\_\_

I request and authorize you to administer this medication in accordance with the above instructions. Problems concerning administration of this medication can be referred to me at:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

We, as the parent(s) of \_\_\_\_\_, request, authorize and give written permission to you to administer the medication described in accordance with the instructions provided.

We agree to notify you immediately of any change in circumstances concerning administration of this medication.

Parent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_