

**Seymour Community Schools  
Prescription Drug Form**

**Dear Parent and Practioner:**

**You are asked to note the following Indiana Statute:**

Indiana Code 34-4-16.5-3-5, and amendments thereto. A school administrator, teacher Or other school employee designated by the school administrator, who in good faith administers a legend drug to a pupil, with written permission of pupil's parent or guardian, and in compliance with the written instructions of a practioner, which shall be on file with the school, is not liable for civil damages as a result of administration except for an act or omission amounting to gross negligence or willful and wanton miconduct.

**You have asked us to dispense a legend drug to \_\_\_\_\_ during the school day. We believe it is in the best interest of this child in this case to have clear and specific written direction on dosage and administration from both parent and practitioner. Please complete the form on the other paper and return it to us so that we can best protect and participate in the treatment of your child.**

**Questions concerning the form should be directed to Mrs. Sherry Reinhart R.N. School Nurse at Seymour High School.**

**Thank you for you cooperation.**

**Sincerely,**

**Mr. Jim McCormick, Principal  
Seymour High School**