## Form 5141.4-1b Seymour Community Schools Consent to Administer A Legend Drug

A completed copy of this permission form must be on file in the office of the school nurse priot to the school personnel involvement in the administration of a legend drug to a pupil.

Pupil's Name	
Name of Legend Drug	
Time of Day to be given	
Number of Days to be given	
The legend drug is to be furnished to the school nurse in a container labeled by the pharmacy with the following information:	
Prescription Number	
Child's Name	
Practitioner's Name	
Name of Legend Drug	
Signed:	
Legal Custodial Signature	Date
Practitioner's Signature	Date

THE PARENT MAY WITHDRAW CONSENT (in writing) AT ANY TIME.

(This consent form was designed to comply with the provisions of Indiana Code 34-4-16.5-35 and amendments thereto, and Rule 51 of Commission on General Education).