

PORTER TOWNSHIP SCHOOLS HEALTH SERVICES

Heather Lint, BSN, RN
Boone Grove High School

Michelle Sutton, LPN
Boone Grove Elementary & Middle School

Billie Blanc, LPN
Porter Lakes Elementary

STUDENT NAME: _____ GRADE: _____

Medications are NOT stocked by PTSC. Parents/guardians may provide the school with over the counter medicines (in the original container) sent with this completed form.

Medicine cannot expire within the school year. Over the counter medications are regulated by the FDA; non-FDA regulated medicines are **not** provided at school.

I authorize the designee of the school to administer the following medication:

Medication Name: _____

Amount: _____

Time: _____

Reason for Administration: _____

Duration: _____

_____ I will pick up the medication by the last day of school.

_____ **BGHS students pick up medications in the clinic the last week of school.**

Reminders are provided during announcements.

Signature: Parent/Guardian