

Administration
Nathan H. Kleefisch, Ed.D.
Superintendent of Schools

Mark P. Lutze
Principal
Hebron High School

Jeffrey J. Brooks
Principal
Hebron Middle School

James R. Martin
Principal
Hebron Elementary School

METROPOLITAN SCHOOL DISTRICT of BOONE TOWNSHIP

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School Board
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Member

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT (ELEMENTARY VERSION)

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE
NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student

Address

School

Grade

A. I am requesting permission for my child named above to: (Check one or both)

use or receive the following over-the-counter medication(s)

Medication: _____

Dosage: _____

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. Our physician has instructed that this medication should be administered in the above designated dosage.

E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent

Date

Home Telephone

Work Telephone

