Parental Authorization, Release and Record for the Administration of As Needed Prescriptions and Non-Prescription Medication to the Students of North Scott School District

Name of Student ____

School ______________________________ Grade ______________________

Medication ____

Dosage ______________________________ Time ______________________

Reason for Medication ____

Date to Begin ______________________________ Date to End ______________________

POSSIBLE ADVERSE REATIONS, UNUSUAL CIRCUMSTANCES, ACTIONS, OMISSIONS, OR SPECIAL INSTRUCTIONS

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I hereby request the North Scott Community School District, or its authorized representative to administer the above named medication to my child named above and agree to:

1. Submit this request to the school nurse or principal.
2. Personally ensure that the medication received by the school nurse, principal, or designee administering designee is in the container in which it was dispensed by the prescribing physician or licensed pharmacist. Non-prescription medication must be in the original package.
3. Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, interval and expiration date.
4. Personally ensure that at vacation time, end of the school year, or the end of the administration time, the medication will be picked up or it will be destroyed.
5. Submit a REVISED STATEMENT signed by the physician prescribing the medication to the school nurse or principal IF ANY INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.

Parent/Guardian ______________________________ Date ______________

Physician Signature (if necessary) ______________________________ Date ______________

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
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December																															
January																															
February																															
March																															
April																															
May																															
June																															

Signature	Date	Signature	Date

Absent-A Holiday or Non-school day-X Early Out-E Late Start-L Out of Medication-O Refused-R