

MEDICATION CHECK-IN FORM

NOTE: To be completed by an eligible school medication provider prior to accepting medication from parent/guardian. If the answer to any question is "no," the district may defer the medication request until the parent/guardian provides the required information. If medication being checked in is emergency medication under NDCC 15.1-19-16, use form ACBD-E4 instead of this form.

Medication was hand delivered by parent/guardian: Yes No
 If no, collect medication, store as directed, and contact parent/guardian to come to school as soon as possible to verify medication request.

Parent submitted **fully** completed authorization form: Yes No

- Appropriate documentation attached to form for students with allergies:
 Yes No N/a
- If more than one medication is to be provided/authorized, information from healthcare provider on known interactions is included:
 Yes No N/a
- If request is to provide/authorize over-the-counter medication in manner other than recommended by manufacturer, authorization from healthcare provider is included:
 Yes No N/a
- Includes healthcare provider's signature for prescription medication:
 Yes No N/a

Name of medication: _____
 Prescription Over-the-counter

Route by which medication must be given:
 Mouth Eyes Ear Nose Topical (e.g., skin ointment)
 Other: _____

NOTE: If other, check with school administrator to determine if school is obligated/willing and has qualified personnel to provide medication. This provision is not applicable if request is for student to self-administer.

Medication expiration date: _____
 Was this listed on the medication container? Yes No

Amount of medication in container: _____
 If parents provided medication at home, list amount given at home: _____

- For over-the-counter medication:
- Medication in original manufacturer's container Yes No
 - Container lists medication's name Yes No
 - Container lists ingredients Yes No
 - Container lists recommended dosage Yes No
 - Container lists administration instructions Yes No
 - Container lists storage instructions Yes No
 - Container is labeled with student's name and date of birth Yes No
- If container is unsealed, it is labeled with amount of medication contained in it Yes No

For prescription medication:

- Medication in original pharmacy container Yes No
- Container lists pharmacy name and phone number Yes No
- Container or attached documentation lists active ingredients Yes No
- Container lists dosage Yes No
- Container lists storage instructions Yes No
- Container is labeled with student's name and date of birth Yes No
- Container lists amount of medication dispensed Yes No
- Container lists administration instructions Yes No

If dispensing equipment is required:

- Did parent/guardian provide necessary equipment? Yes No
- Is the dispensing equipment clean and in good working order? Yes No
- Is the equipment labeled with the student's name and date of birth? Yes No

List any storage instructions for dispensing equipment: _____

Name of School Medication Provider (Printed)

Signature of School Medication Provider

Date