

ACBD-E3 - MEDICATION CHECK-IN FORM

NOTE: To be completed by an eligible school medication provider prior to accepting medication from parent/guardian or authorizing a student to self-administer. 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.

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

Who is requested to provide medication?

School personnel Student under supervision

Student without supervision

Check here if request is for student to carry the medication.

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

End of Jamestown Public School District Exhibit ACBD-E3