Valdez City Schools
PO Box 398
1112 West Klutina – Valdez, AK 99686
Telephone (907) 835-4357
Fax (907) 835-4964

Short Term Request for Administration of Prescribed Medication

School personnel will assist parents by administering prescribed medication to students. Any medication sent to school without a pharmacy or manufacturer's label will not be accepted. Medication must be in the original container indicating the following information: Student name, dosage, date issued, prescribing physician, pharmacy and prescription number. This form is required for medication to be dispensed by office staff for seven (7) or less days.

Name of Medication:_____

Prescribed daily dosage: _____ Time of day to give medication:_____

Beginning Date of Administration: _____ Ending Date: _____

Name of any other Medication your child is taking: _____

Parent Statement

I request that the prescribed medication listed above will be given to my child _____. I understand that the school is not legally obligated to administer medication to my child, and in the absence of the school nurse, other school personnel may administer the medication. I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately of any changes with this medication.**

Parent/Guardian Signature: _____ Date: _____

Please choose which method of contact works best for you: ☐ TEXT ☐ CALL ☐ EMAIL

Home Phone: _____ Work /Emergency Contact Phone: _____

Text Phone:_____ Email: _____

*Medication needs to be picked up from the office when discontinued

Date Picked up:_____ Who Picked Up:_____

Nurse Signature:_____