This form must be completed			medication
Student:	First		
Last	First	M.I.	
School:	Grade:	D.O.B.:	
Medication Information	Allergies (if	any):	
Name of Medication:			
Dosage:	Frequency:		
Time given:	_ Duration:		
Prescription:	Non-p	prescription:	
Instructions:			
Physician Information			
Attending Physician:		Phone:	
Address:	City/Z	۲ip:	
PHYSICIAN SIGNATURE: _			
Additional Instructional			DATE
Additional Instructions:			
I hereby request that my child remedication will be administered and agree to the Conditions of	in accordance with	the above instructions. I h	
Parent/Guardian Signature (Student sig		Date:	
Parent/Guardian Signature (Student sig	gnature if 18 years of ag	je or older)	
		Date:	

Principal Signature

CONDITIONS OF APPROVAL

- Parents have the overall responsibility to ensure that student medication is properly delivered and administered. Parents/Guardians are expected to:
 - 1. Complete, verify accuracy and return to the office the *Request to Administer Medication* form before any medication is brought to school and at least annually.
 - 2. Ensure adequate medication is available and current. This includes monitoring expiration dates; obtaining medication renewals and refills; and splitting any pills so the prescribed dosage is available for administration.
 - 3. Inform the office in writing of any change in the student's health affecting the administration of medication, and/or any changes in medication or the administration thereof, including the termination or discontinuance of the medication.
 - 4. Provide the District in writing with all relevant physician and/or administration instructions.
 - 5. Monitor that the student complies with appropriate administration requirements, including the manner and time for dispensation of the medication.
 - 6. Deliver student medication to the office and pick up any expired medication or medication unused at the end of the school year, (The student may personally deliver the medication only if over 18 years of age or older; provides advance notification to the office that the student will be bringing medication to school; and delivers the medication to the office immediately upon arrival to school with the medication)

Disciplinary Action:

Possessing or taking medication in school without approval; sharing medication with or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action, up to and including expulsion from school.

Parent/Guardian Initials: _____

Student Initials: _____

Date: _____

* Students who are 18 years of age or older or an emancipated minor have the responsibility of the parent/guardian under these *Conditions of Approval*.