PARENTAL AUTHORIZATION, RELEASE FORM AND RECORD FOR THE ADMINISTRATION OF

PRESCRIPTION AND NON-PRESCRIPTION MEDICATION TO THE STUDENTS OF NORTH SCOTT SCHOOL DISTRICT

NAME OF STUDENT																_															
SCHOOLGRADE																_															
MEDICATI	ION																														
DOSAGE_														ı	TIM	E															
REASON F	OR	ME	DIC	CAT	Oľ	N																									
DATE TO BEGIN												_DA	ATE	ТО	ENI	D															
POSSIBLE ADVERSE REACTIONS, UNUSUAL CIR													UMS	STA	NCI	ES, A	ACT	'ION	IS, C	OMI	SSIC	ONS	, OF	R SP	ECI.	AL					
INSTRUCT	IOI	NS _																													_
I hereby req medication 1. Submit 2. Persona in whic original 3. Persona interval 4. Persona picked 5. Submit informa	to m this ally h it l pac ally l dos ally up c	req ensu was ekag ensu sage ensu or it	nild uest uest disp ing ing ire , and ire t will	nant to hat pens that d da hat be	the sed the ate a dest	abo prin med by t cor after acat troy	ve a cipa dicat he protection white tion ed.	and a tions oresoner i ich i tim	agre sch s rec cribi n wl no a e, er	e to lood ceive ing p hich dmi nd of	nurs ed by ohys the nistr f the	e. y the iciar med ration	e sch n or licat n sh ool	lool licer ion i ould year	nurs nsed is dis l be g	e, pi pha spen give the e	rinci rmac sed : n. end c	pal, cist.	or d Non arke e adı	esig i-pre d wi mini	nee a scrij th th	adm ption ne m	inist n me edic	eringedical	g it, ition n na med	in the must me, ication	ne co st be dosa on v	ontai e in t age, will b	iner he		
Dated the _																															
Parent/Guardian													Date																		
Physician Signature (if necessary)													Date															—			
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Month August September	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
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Signature										L		Init	Initial Signature											In	Initial						
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Approved: February 22, 1993 Reviewed: January 28, 2013

Revised: