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 _____

SCHOOL _____ GRADE _____

MEDICATION _____

DOSAGE _____ TIME _____

REASON FOR MEDICATION _____

DATE TO BEGIN _____ DATE TO END _____

POSSIBLE ADVERSE REACTIONS, UNUSUAL CIRCUMSTANCES, ACTIONS, OMISSIONS, OR SPECIAL

INSTRUCTIONS _____

I hereby request the North Scott Community School District, or its authorized representative, to administer the above-named medication to my child named above and agree to:

1. Submit this request to the principal or school nurse.
2. Personally ensure that the medications received by the school nurse, principal, or designee administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist. Non-prescription medication must be in the original packaging.
3. Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.
4. Personally ensure that at vacation time, end of the school year, or the end of the administering time the medication will be picked up or it will be destroyed.
5. Submit a ***revised statement*** signed by the physician prescribing the medication to the principal or school nurse ***if any of the information provided by the physician changes***.

Dated the _____ day of _____, _____.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Physician Signature (if necessary) _____

Month	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
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Signature _____ Initial _____ Signature _____ Initial _____

_____ | _____ | _____ | _____

_____ | _____ | _____ | _____

Approved: February 22, 1993
Reviewed: April 24, 2017
Revised: