

<b>VALLEY CITY PUBLIC SCHOOL DISTRICT #2</b>  <b>VALLEY CITY, NORTH DAKOTA 58072</b>  <b>MEDICATION CHECK-IN FORM</b>	<b>Descriptor Code</b> <b>ACBD-E3</b>	<b>1<sup>st</sup> Reading</b> <b>8/9/18</b>
	<b>Adopted</b> <b>8/9/18</b>	<b>Revised/Rescinded</b>

### MEDICATION CHECK-IN FORM

*NOTE: To be completed by an eligible school medication provider prior to accepting medication from parent/guardian. 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, use form ACBD-E4 instead of this form.*

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 (E2): ☐ Yes ☐ No

- 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

Name of medication: \_\_\_\_\_

☐ Prescription ☐ Over-the-counter

Who is requested to administer medication?

☐ School personnel ☐ Student under supervision

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