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|  | ABERDEEN SCHOOL DISTRICT | NEPN Code: JLCD-E |
| | POLICIES AND REGULATIONS | |

PARENT REQUEST FOR ASSISTANCE WITH MEDICATION

I authorize the Principal/designee of _____ School to assist my child, _____ Grade _____ with the following medication(s) as directed below:

DAILY MEDICATION:

| Medication | Dose | Time Given |
|------------|------|------------|
| | | |
| | | |
| | | |

AS NECESSARY MEDICATION:

| Medication | Dose | Reason | Frequency |
|------------|------|--------|-----------|
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OTHER DIRECTIONS OR INSTRUCTIONS TO BE OBSERVED:



The medication shall be provided in a bottle showing the name of the pharmacy, student's name, physician's name, and the **dosage** of the medication to be given. I will notify the school if the dosage changes and will bring a new prescription bottle within 24 hours.

I hereby release the School District from any and all liability arising from the administration, or the failure to administer, said medication. **It is the responsibility of the child to come to the office to take his/her medication.** and District employees are not responsible for assuring the child's appearance for the administration of the medication.

I understand that I am responsible to pick up unused medication on or before the last day of school or one week after the last dose is given. If the medication is not picked up, it will be destroyed.

(Date of Authorization)

(Parent/Guardian Signature)

ADOPTED: May 8, 2000
REVISED: January 20, 2006
REVIEWED: March 12, 2012
REVIEWED: January 23, 2017
REVIEWED: September 26, 2022