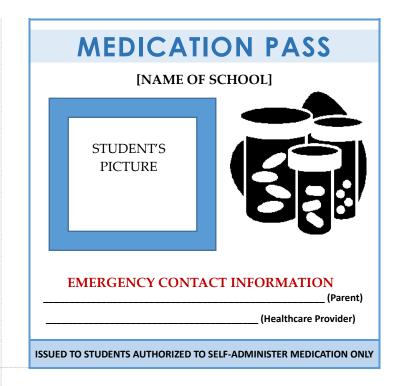
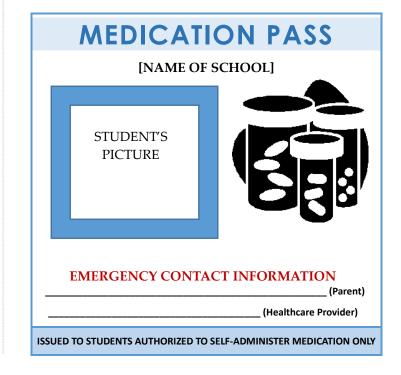
MEDICATION PASS Student **Date Pass Issued Expiration Date** Name of Medication ☐ Prescription ☐ Over-the-Counter **Amount of Medication** Checked In Dosage □ Daily □ Episodic/Emergency Only □ Other: □ No Self-administer, supervised: \square Yes Student is authorized Self-administer, unsupervised: \square Yes \square No Carry medication: ☐ Yes ПΝο Signature of issuing school official This pass contains confidential information. You should not share it with classmates. You must have this pass with you







New Town Public School District #1 Exhibit Approved: January 12, 2016