

MAPLE VALLEY

SCHOOL DISTRICT #4

Phone: 701.749.2570

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www.maple-valley.k12.nd.us

207 Broadway Street

Tower City, ND 58071

Dr. Michael G. Nygaard, Supt, 7-12 Prin.

Jay Kocka, K-6 Principal

Cathy Janish, Business Manager

Authorization/Permission for Administration of OTC Medication

Student Name: _____ Birth Date: _____

Medications and health care procedures required during school which cannot be managed otherwise shall be administered **when the following are on file at the school:**

1. Parent signed, dated authorization / permission given to administer the medication / procedure.
2. Medication / equipment delivered to school **by parent/legal guardian** in the **original packaging**.
3. Annual renewal of authorization/permission and /or immediate notification, in writing from parent, and change.

Medication/procedure shall be administered by qualified staff and a record maintained.
Medication/equipment will be stored in a locked secured area.

Please administer the following to the above-named student:

Please circle one or both: **Tylenol** **Ibuprofen** **Other** _____
Medication

AS NEEDED **and/or** **Every** _____ **Hours**

Route	Dose	Time Given	Discontinue Date
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Reason for medication	Possible reaction/side effects
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Parent/Guardian Authorization/Permission

I request the above pupil be given the medication/procedure while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable, prudent person would under the same similar circumstances. **I agree to pick up remaining medication or it will be properly destroyed.**

Parent Signature: _____ Date: _____

Address: _____ Cell Phone: _____

The Maple Valley Public School District does not discriminate based on race, color, national origin, sex, disability or age in its programs or activities and provides equal access to designated youth groups.

