



Policy of the Board of Trustees

J Series

JLCD-R2

PARENTAL REQUEST FOR GIVING PRESCRIBED MEDICATION AT SCHOOL

This form is to be used only when student has to take medication within the 3 hour NCCA class time.

I request the Principal or Designee to assist my child, _____
(Name)

in taking the medication prescribed, _____
(Name of Medication)

for _____
(Diagnosis)

Prescription Number _____ Druggist _____

by Dr. _____, for the period from _____
(Date)

to _____. (Not more than one month of prescribed medicine may be stored in school.)
(Date)

The medication will be delivered directly to the Principal or Designee, by the parent or guardian, if possible.

The medication will be delivered in a container properly labeled with the student's name, the physician's name, the date of the original prescription, name, and strength of medication, and directions for taking by the student.

I, the parent or guardian, agree by signing this request and “Hold Harmless” statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medicine.

Signature: _____

Date: _____

School: North Country Charter Academy