

MEDICATION CHECK-IN FORM

West Fargo Public Schools

Name of Student _____

DOB _____

NOTE: To be completed by an eligible school medication provider prior to accepting medication from parent/guardian or authorizing a student to self-administer. If the answer to any question is "no," the district may defer the medication request until the parent/guardian provides the required information.

Medication was hand delivered by parent/guardian Yes No
 (Prefer to be delivered by parent/guardian but will be accepted from student)

- Parent submitted **fully** completed authorization form: 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
- Includes healthcare provider's signature for prescription medication: Yes No N/A

Name of medication: _____ Prescription Over-the-counter

Who is requested to provide medication? School personnel Student under supervision
 Student without supervision Check here if request is for student to carry the medication.

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: _____

For prescription medication:	Yes	No		Yes	No
Medication in original pharmacy container			Container lists storage instructions		
Container lists amount of medication dispensed			Container is labeled with student's name		
Container lists dosage			Container lists pharmacy name and phone number		
Container lists administration instructions					
For over- the-counter medication:	Yes	No		Yes	No
Medication in original manufacturer's container			Container lists storage instructions		
If container is unsealed, it is labeled with amount of medication contained in it			Container lists medication's name		
Container lists recommended dosage			Container lists ingredients		
Container lists administration instructions			Container is labeled with student's name		
If dispensing equipment is required:	Yes	No		Yes	No
Did parent/guardian provide necessary equipment?			Is the dispensing equipment clean and in good working order?		

List any storage instructions for dispensing equipment:

 Name of School Medication Provider (Printed)

 Signature of School Medication Provider

 Date