ANCHORAGE SCHOOL DISTRICT HEALTH SERVICES

SHORT TERM PRESCRIPTION MEDICATION REQUEST

The Anchorage School District will assist parents whose health care provider has prescribed short-term prescription medicines for a period of time not to exceed fifteen days. The medication must be delivered to the school in a labeled pharmacy container with the student name. ONLY CURRENT PRESCRIPTIONS WILL BE GIVEN AT SCHOOL

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Name of Student		Age	Grade		
Medication					
Prescribed daily dosage	e				
Time and dosage to be					
Beginning date of med	ication	Ending date			
Possible side effects					
Health care provider na					
Pharmacy					
PARENT STATEME As parent/guardian of the ab		guest the Anchorage School	District to give	medication to	my child for
the following condition					
I understand that in the absedefend and hold the school of which it is administered, and these arrangements. I will may contact the health carbe destroyed unless picked in	district employees harmled to defend and indemnife to defend and indemnife to defend in the school immed to provider or pharmac	ess from any liability for the fy the school district and its liately if the medication is cist regarding this medicati	e results of the n employees for a changed and u ion <i>I understan</i>	nedication or t my liability ari nderstand tha	he manner in sing out of at the nurse
X			<u> </u>		
Signature of Parent/Guardian			Date	Time	Initials
Date					
Home Phone	Work Phone				
School Nurse					
Phone	FAX				
ASD 317C (Revised 6/2003)					
			Name/Int	<u>t </u>	