

SHORT TERM MEDICATION REQUEST—OUT OF DISTRICT TRAVEL--SECONDARY

USE FOR: **PRESCRIPTION MEDS**
 INHALERS

EMERGENCY MEDS
OVER THE COUNTER MEDS

The Anchorage School District will assist students or parents of students whose health care provider has prescribed short-term medicines not to exceed the duration of the trip. **The medication must be delivered in a labeled pharmacy container with the student name.** *ONLY CURRENT PRESCRIPTIONS WILL BE ADMINISTERED. (Must include over the counter medications such as ibuprofen, Tylenol, etc.)*

Student Name: _____ Age: ____ Grade: ____ School: _____

Medication Name	Daily Dosage		Time to be given			Begin Date	End Date	Possible Side Effects
	AM	PM	AM	PM	Other			
1								
2								
3								

Health Care Provider: _____ Phone: _____
 Pharmacy: _____

Medication requests must be deemed necessary to improve or maintain student health and participation in the school program.

****Epipens/Twinjects & an Allergy Action Plan MUST be supplied by parents for ALL KNOWN anaphylactics.**

PARENT STATEMENT

As parent/guardian of the above named student, I request the Anchorage School District to give medication to my child for the following condition _____

I understand that in the absence of the school nurse (ie, during a field trip), other school personnel will administer the medication. I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**
I understand that this medication will be destroyed unless picked up by the conclusion of this trip.

Parent/Guardian Signature: X _____
 Home Phone _____ Work Phone _____

Notarization of Parent Signature for out of district Travel Only:

State of Alaska _____ Judicial District _____ Subscribed and sworn to (or affirmed) before me at _____
 _____ (city), by _____ (signer's name-Parent/Guardian)
 on _____ (date).

 Notary Public's Signature

My Commission Expires: _____

School Nurse Signature _____ **Phone** _____ **FAX** _____