

MOC-Floyd Valley Community School  
AUTHORIZATION AND PERMISSION STATEMENT

It is the policy of MOC-Floyd Valley Community School District to assume no responsibility for medical treatment of students. The school does recognize that at times it is necessary for students to take prescribed medicine while at school and that it is not good to have medicine on the student's person or in the student's locker where it might be easily accessible to other students

Prescribed medications will be dispensed according to the following procedures:

1. A parent or guardian must sign and date authorization to dispense prescription medication.
2. The medication must be in the original prescription bottle or manufacturer's container.
3. The medication label must contain the student name, name of the medication, directions for use, date, name of doctor.
4. There must be an annual review of authorization and immediate notification from doctor, in writing, of changes.
5. It is recommended that medications be brought to school and picked up by parents.
6. Students will be allowed to take medications with only monitoring by school staff if the student demonstrates the necessary ability and responsibility.
7. School policy does not permit dispensing "over the counter", non-prescription medication such as aspirin or Tylenol unless there is a written order by your doctor and it is provided by parent.

_____	_____	_____
Student's Name	School Building	Date

_____	_____	_____	_____
Medication/Health Care	Dosage	Route	Time

Instructions:

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____
Discontinue or Re-evaluate Date	Parent's Phone	Emergency Phone #

_____	_____	_____
Doctor	Doctor's Address	Doctor's Phone

I, \_\_\_\_\_, do hereby authorize school personnel to dispense prescription medication according to directions as provided above.

I understand the law provides that there shall be no liability for civil damages as a result of the school district's assistance with dispensing of prescription medication. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date