

**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 permit dispensing over the counter medication, if 'Medication Authorization and Permission Statement' is signed by the parent and includes correct dose and time that is consistent with the medication's directions for use. If parent instructions are not consistent with medication instructions, a doctor's note must be obtained.

_____ 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
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