



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT  
520 Fifth Avenue Fairbanks, AK 99701-4756  
(907) 452-2000

**REQUEST FOR ADMINISTRATION OF MEDICATION  
Short Term Medication**

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT STATEMENT**

I request that the following prescription medication, in the **original** pharmacy container, be given to my child for not more than **10** school days.

The condition for which the medication is prescribed is \_\_\_\_\_.

***I understand that this medication will be destroyed unless parent/guardian picks up by the end of the last student day of school.***

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I, the parent/guardian of the above-named student, request that the school district administer the above medication as prescribed by my healthcare provider. I understand that in the absence of a school nurse, other trained unlicensed school personnel may administer this medication. I

I will notify the school immediately if the medication is changed and understand that the nurse may contact the healthcare provider or pharmacist regarding this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_