



Fairbanks North Star Borough School District

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 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 _____