

MEDICATION CHECK-IN FORM

NOTE: To be completed by an eligible school medication provider prior to accepting medication from parent/guardian or authorizing a student to self-administer. If the answer to any question is "no," the district may defer the medication request until the parent/guardian provides the required information. If medication being checked in is emergency medication under NDCC 15.1-19-16, use form ACBD-E4 instead of this form.

Medication was hand delivered by parent/guardian: [] Yes [] No
If no, collect medication, store as directed, and contact parent/guardian to come to school as soon as possible to verify medication request.

- Parent submitted fully completed authorization form: [] Yes [] No
• Appropriate documentation attached to form for students with allergies: [] Yes [] No [] N/a
• If more than one medication is to be provided/authorized, information from healthcare provider on known interactions is included: [] Yes [] No [] N/a
• If request is to provide/authorize over-the-counter medication in manner other than recommended by manufacturer, authorization from healthcare provider is included: [] Yes [] No [] N/a
• Includes healthcare provider's signature for prescription medication: [] Yes [] No [] N/a

Name of medication: _____
[] Prescription [] Over-the-counter

- Who is requested to provide medication?
[] School personnel [] Student under supervision
[] Student without supervision
[] Check here if request is for student to carry the medication.

NOTE: Student must be issued a medication pass if s/he is to self-administer and/or carry medication.

Route by which medication must be given:
[] Mouth [] Eyes [] Ear [] Nose [] Topical (e.g., skin ointment)
[] Other: _____

NOTE: If other, check with school administrator to determine if school is obligated/willing and has qualified personnel to provide medication. This provision is not applicable if request is for student to self-administer.

Medication expiration date: _____
Was this listed on the medication container? [] Yes [] No

Amount of medication in container: _____
If parents provided medication at home, list amount given at home: _____

For over-the-counter medication:

- Medication in original manufacturer’s container Yes No
- Container lists medication’s name Yes No
- Container lists ingredients Yes No
- Container lists recommended dosage Yes No
- Container lists administration instructions Yes No
- Container lists storage instructions Yes No
- Container is labeled with student’s name and date of birth Yes No

If container is unsealed, it is labeled with amount of medication contained in it Yes No

For prescription medication:

- Medication in original pharmacy container Yes No
- Container lists pharmacy name and phone number Yes No
- Container or attached documentation lists active ingredients Yes No
- Container lists dosage Yes No
- Container lists storage instructions Yes No
- Container is labeled with student’s name and date of birth Yes No
- Container lists amount of medication dispensed Yes No
- Container lists administration instructions Yes No

If dispensing equipment is required:

- Did parent/guardian provide necessary equipment? Yes No
- Is the dispensing equipment clean and in good working order? Yes No
- Is the equipment labeled with the student’s name and date of birth? Yes No

List any storage instructions for dispensing equipment: _____

Name of School Medication Provider (Printed)

Signature of School Medication Provider

Date