

## MEDICATION PASS

Student \_\_\_\_\_

Date Pass Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Medication \_\_\_\_\_  
 Prescription  Over-the-Counter

Amount of Medication Checked In \_\_\_\_\_

Dosage \_\_\_\_\_  
 Daily  Episodic/Emergency Only  
 Other:

Student is authorized to: Self-administer, supervised:  Yes  No  
 Self-administer, unsupervised:  Yes  No  
 Carry medication:  Yes  No


Signature of issuing school official \_\_\_\_\_

This pass contains confidential information. You should not share it with classmates. You must have this pass with you anytime you are carrying or receiving medication. Never leave medication unattended/accessible to other students.

## MEDICATION PASS

**Starkweather Public School**

STUDENT'S PICTURE



EMERGENCY CONTACT INFORMATION

\_\_\_\_\_ (Parent)

\_\_\_\_\_ (Healthcare Provider)

ISSUED TO STUDENTS AUTHORIZED TO SELF-ADMINISTER MEDICATION ONLY

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