

<p align="center">Required for Students Who Are Able to Self-Administer Medication Independently</p>	<p align="center">Required for Students Who Require Staff Assistance for Administering Medication</p>
<input type="checkbox"/> Completed Physician and Parent/Guardian medication authorization form.	<input type="checkbox"/> Completed Physician and Parent/Guardian medication authorization form.
<input type="checkbox"/> <i>If desired</i> , back-up medication provided to school nurse to be locked in school medication cabinet.	<input type="checkbox"/> Medication in its <u>original</u> container with the prescription label attached. Expired medications cannot be accepted.
<input type="checkbox"/> All medications on file at school must be picked up by parent/guardian at the end of the school year.	<input type="checkbox"/> Ensure pharmacy label and authorization form prescriptions match.
<input type="checkbox"/> Annual renewal of medication authorization form.	<input type="checkbox"/> Parent/Guardian to provide medication with any equipment necessary for administration. If required, pills must be split prior to drop off.
	<input type="checkbox"/> All medications on file at school must be picked up by parent/guardian at the end of the school year.
	<input type="checkbox"/> Annual renewal of medication authorization form.

Contact the school nurse for any questions or concerns.