NORTH PLATTE ELEMENTARY 300 Scout Street Camden Point, MO 64018 (816)280-3422 Fax: (816)445-3764 Kellie Goodlet, Principal

NORTH PLATTE JR. HIGH SCHOOL

212 W. Sixth Street Dearborn, MO 64439 (816)450-3350 Fax: (816)992-3665 Derek Colburn, Principal

NORTH PLATTE R-I SCHOOL DISTRICT

Karl Matt, Superintendent 212 W. Sixth Street Dearborn, MO 64439 (816)450-3511 Fax: (816)992-8727 NORTH PLATTE INTERMEDIATE 900 Lewis Edgerton, MO 64444 (816)790-3622 Fax: (816)227-3719 Kellie Goodlet, Principal

NORTH PLATTE SR. HIGH SCHOOL 212 W. Sixth Street Dearborn, MO 64439 (816)450-3344 Fax: (816)992-8955 Derek Colburn, Principal

Prescription Medication Administration Authorization Form

| I, | | the | e legal parent/guardian of: |
|--|----------------------|------------------------|--------------------------------|
| Student Name: | | | Grade: |
| give permission to the following medication to | | chool District Nurse (| or designee) to administer the |
| Beginning date: | Ending dat | te: E | xpiration: |
| Name of medication: | For treatment of: | | ent of: |
| Dose: Ro | oute: | Time of administratio | n: |
| Change in medication: | | | |
| Dose: Ro | ute: 7 | Time of administration | : Start date: |
| Pharmacy: | Telephon | e: | Physician: |
| I understand that any | remaining medication | on must be picked up | in person by parent/guardian |

prior to student dismissal on the last day of the current school year. I understand that if the medication is not picked up by this time, the medication will be disposed of ______ (parent initials)

| Date | # received | Signature of Parent/Guardian | Witness |
|------|------------|------------------------------|---------|
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