



Superintendent File: JLCD-E-1

## STUDENT PRESCRIPTION AND OVER-THE-COUNTER MEDICATION REQUEST AND RELEASE AGREEMENT

Student Name:	DOB:	School Year:
Medication:		
Medication:(Signed Health C	Care Provider Medication Order must be	e attached)
School District Policy JLCD requires, the-counter medication, that the medicin furnished by the parent(s) of the studen name of the medication, the dosage, the released to the student, and the date who medication is given solely at the request of The undersigned parent(s) or guardian(s) its personnel from any and all claim(s), the medication to the student.	ne be prescribed by a healthcare provident with <b>the</b> original pharmacy contained the number <b>of</b> dosages per day or time the medication is to be stopped (if a of, and as an accommodation to, the units) hereby agree to release the Douglas	der with prescriptive authority <b>and</b> er label stating the student's name, e(s) when the medication is to be pplicable). It is understood that the dersigned parent(s) or guardian(s). County School District RE-1 and
A new Student Medication Request and I and each school year.	Release Agreement form must be comp	eleted for each medication change
Parent/Guardian Printed Name:		
Parent/Guardian Signature:		Date:
Revised: September 20, 2016 Revised: August 24, 2017 Douglas County Scho	ool District RE- <b>1, Castle</b> Rock, Colora	do Page 1 of 1
At the end of the	school year, I/we would like the med	ications to:
Go Ho	ome with my Student on the last day of	school
Parent	t/Guardian will pick up the last week o	fschool
Parent/Guardian Printed Name:		
Parent/Guardian Signature:		Date: