EXHIBIT Descriptor Code: ACBD-E3

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

End of McClusky School District #19 Exhibit ACBD-E3