

PARENT AND STUDENT AGREEMENT FOR MEDICATIONS

Student Name: _____
(Print)

Parent or Legal Guardian: _____
(Print)

PLEASE COMPLETE BOTH SIDES OF THIS IMPORTANT FORM

PRESCRIPTION MEDICATION

As the Parent or Legal Guardian for the above named Student, I understand that Verde Valley School must be informed of all prescription medication that the Student is bringing to Verde Valley School. All prescription medication must be kept in the original container with the original prescription label. Medication will be kept locked in the Health Center. The Student is required to visit the Health Center weekdays at an agreed-upon time to receive his/her medication. If medication is prescribed for nighttime, it will be dispensed by the Dorm Parent(s). On weekends, medication will be dispensed by the Administrator on Duty. The prescription(s) is as follows:

Name of medication and strength: _____

Instructions for administration: _____

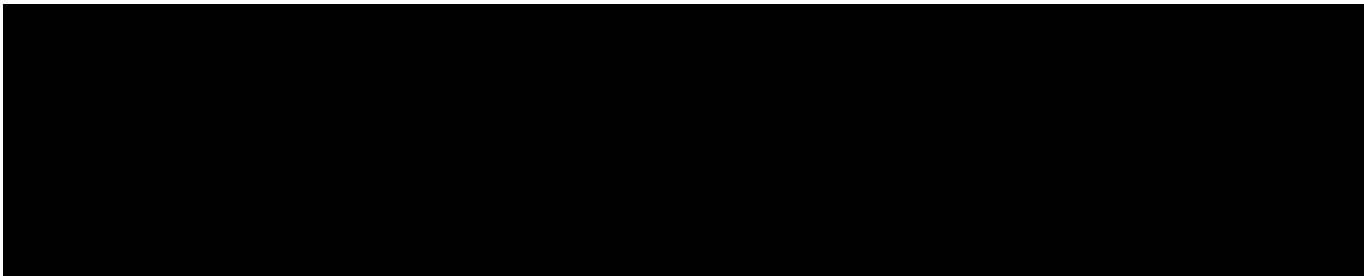
Physician's name and phone number: _____

Reason for medication: _____

Occasionally exceptions will be made regarding the administration of your child's medication. The prescribing doctor, Parents, Student, Health Center Director, and School administration must approve the exception.

- My child is on medication that needs to be prescribed on an ongoing basis. This is how it is to be assessed and replenished:
 - My child may see the medical provider arranged by Verde Valley School to determine prescription refills.
- OR**
- My child's own physician will continue to prescribe this medication. It is my responsibility to obtain medications and send them to the Health Center when necessary.

OVER ►



PRESCRIPTION MEDICATION (CONTINUED)

- My child has permission to keep antibiotics, birth control pills, asthma inhalers, allergy and skin medication to administer to him/her self as needed. My Student understands the administration and effects of the medication and is reliable about taking the medication him/her self. The medication will never be shared with another person. Such behavior is a violation of a major School rule and could be grounds for dismissal. We understand that this privilege may be revoked if warranted.

OVER-THE-COUNTER (NON-PRESCRIBED) MEDICATIONS

- I withhold permission and DO NOT ALLOW Verde Valley School or its Health Center to administer ANY over-the-counter medications. By checking this box, I further acknowledge that the VVS Health Center may, at its discretion, arrange for my child to see a medical provider should the need arise.
- My child has permission to receive over-the-counter medications at the discretion of the School Nurse and as directed by the manufacturer. My child is NOT permitted to keep any over the counter medications on their person or in their dorm room.
- My child has permission to receive over-the-counter medications at their own discretion. My Student may be allowed to keep administer to him/her self as needed. My Student understands the administration and effects of the medication and is reliable about taking the medication him/her self. The medication will never be shared with another person. Such behavior is a violation of a major School rule and could be grounds for dismissal. We understand that this privilege may be revoked if warranted.

FOR ALL MEDICATIONS

Verde Valley School cannot and does not assume any responsibility for determining the appropriateness of medications and dosages. Modifications or changes to prescription medication must be made in writing by the prescribing physician and sent to the Health Center. The Student is responsible for obtaining the medication from the Health Center or School designee prior to vacations or other times when the Student will be away from campus. It is the responsibility of the Student to take all medications as prescribed and, if applicable, obtain his/her medication from the Health Center in a timely manner. A Student who misses or is late for medication at the Health Center will be given a disciplinary violation. Any material non-compliance will be communicated to the parents.

My signature below attests that I have read this entire agreement and that I understand it and its terms.

Student Signature

Date

Parent/Legal Guardian

Date