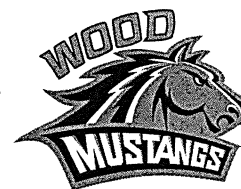


Earle B. Wood Middle School

14615 Bauer Drive, Rockville, Maryland 20853

Phone: 240-740-7640 • Fax: 301-460-2104



Office of the Principal

Dear 8th Grade Students and Parents/Guardians,

An end of the year field trip to Hershey Park is **planned for Tuesday, June 13, 2023**. This trip is a celebration to bid you farewell to high school. **The trip is from 7:15 a.m. to 7:30 p.m. and the cost is \$102.00 per student**, which includes bus transportation from Academy Bus, entrance to the park, and a meal voucher. Students who attend the field trip are expected to ride the bus to and from Hershey Park. Students will need transportation home since we will not be returning to the school until approximately 7:30 p.m.

Students will need to bring money for souvenirs if they plan to purchase them. The trip will take place rain or shine. Students should pay close attention to the weather forecast and dress appropriately for the weather. In addition, this trip includes a good bit of walking. Students should wear comfortable footwear on the day of the trip. We also recommend packing a swimsuit and/or a dry set of clothes if they intend to go to the water park or on the water rides. The itinerary for the trip is as follows:

Tuesday, June 13, 2023 – 7:15 am – 7:30 pm

7:15 am	Students board buses
7:30 am	Buses depart Wood MS
9:30 am	Arrive at Hershey Park
12:30 – 2:00 pm	Student check-in with teachers at First Aid Station
5:00 pm	Board buses for Wood MS
7:30 pm	Arrive at Wood MS

****Please sign and return:**

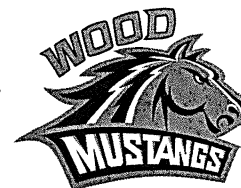
- **Field Trip Information Sheet**
- **MCPS Transportation Form 560-31**
- **Medication Form (if needed) form 525-13**
- **\$102 paid in full by May 8, 2023**

Requests for financial assistance should be in writing and go to Mrs. April Tegeler, 8th grade counselor. If you need to make special arrangements to cover the cost of the trip, please contact Mrs. Tegeler and complete the permission slip prior to the deadline. Any correspondence will be kept confidential. Any donated funds collected in excess of the Hershey Park field trip will be used to offset costs for students whose families are experiencing financial hardships.

Earle B. Wood Middle School

14615 Bauer Drive, Rockville, Maryland 20853

Phone: 240-740-7640 • Fax: 301-460-2104



Office of the Principal

Estimados estudiantes de 8° grado y padres/guardianes,

Una excursión de fin de año a Hershey Park **está prevista para el martes 13 de junio de 2023**. Este viaje es una celebración para despedida de la escuela secundaria. **El viaje es de 7:15 a. m. a 7:30 p. m. y el costo es de \$102.00 por estudiante**, que incluye el transporte en autobús desde Academy Bus, la entrada al parque y un cupón de comida. Se espera que los estudiantes que asistan a la excursión viajen en autobús hacia y desde Hershey Park. Los estudiantes necesitarán transporte a casa ya que no regresaremos a la escuela hasta aproximadamente las 7:30 p.m.

Los estudiantes deberán traer dinero para comprar recuerdos si planean comprarlos. La excursión se llevará a cabo aun si llueve. Los estudiantes deberán prestar mucha atención al pronóstico del tiempo para vestirse adecuadamente para el clima. Además, este viaje incluye una buena caminata. Los estudiantes deben llevar calzado cómodo el día del viaje. También recomendamos empacar un traje de baño y/o una muda de ropa seca si tienen la intención de ir al parque acuático o a las atracciones acuáticas. El itinerario del viaje es el siguiente:

martes, 13 de junio de 2023 – 7:15 am – 7:30 pm

7:15am	Los estudiantes abordan los autobuses
7:30 a.m.	Los autobuses salen de Wood MS
9:30 a.m.	Llegada al Parque Hershey
12:30 – 2:00 pm	Registro de estudiantes con maestros en la estación de primeros auxilios
5:00 p.m.	Autobuses a bordo para Wood MS
7:30 p.m.	Llegada a Wood MS

****Por favor firme y devuelva:**

- **Hoja de información de la excursión**
- **Transporte de MCPS Formulario 560-31**
- **Formulario de Medicamentos (si es necesario) formulario 525-13**
- **\$102 pagados en su totalidad antes del 8 de mayo de 2023**

Las solicitudes de asistencia financiera deben hacerse por escrito y dirigirse a la Sra. April Tegeler, consejera de octavo grado. Si necesita hacer arreglos especiales para cubrir el costo del viaje, comuníquese con la Sra. Tegeler y complete la hoja de permiso antes de la fecha límite. Toda correspondencia se mantendrá confidencial. Todos los fondos donados recaudados en exceso de la excursión a Hershey Park se utilizarán para compensar los costos de los estudiantes cuyas familias están experimentando dificultades financieras.

Field Trip Information to Hershey Park, PA

Tuesday, June 13, 2023

7:15 am – 7:30 pm

Student Name: _____

I agree to adhere to all MCPS and Earle B. Wood Middle School policies while on the field trip.

Total cost of this trip is **\$102.00** per student.

Parent Information:

I, _____, as parent/guardian give permission for my child to attend. Parent/Guardian's Name Printed

Parent/Guardian's Signature: _____ Date: _____

Parent Cell Number: _____ Parent Email: _____

Student Cell Number: _____ World Studies Teacher: _____

Preferred Payment Method: Please check one of the following:

Online: _____ Cash: _____ Check: _____

Payment Plan: (4 equal payments \$25.50) _____

Make checks payable to Earle B. Wood Middle School.

Include your child's name on the memo line of the check. Individuals whose checks are returned by the bank will be charged a \$25.00 fee. If you would like to pay online, visit Earle B. Wood Middle School's webpage and click on the link for online payments.

Información de la excursión a Hershey Park, PA

Martes, 13 de junio, 2023

7:15 am – 7:30 pm

Nombre del Estudiante: _____

Acepto adherirme a todas las políticas de MCPS y de la Escuela Intermedia Earle B. Wood durante la excursión.

El costo total de este viaje es **\$102.00** por estudiante.

Información para los padres:

Yo, _____, como padre/guardián, doy permiso para que mi hijo/a asista.
Nombre del padre/guardián en letra de imprenta

Firma del padre/madre/guardián: _____ Fecha: _____

Número de celular del padre: _____ Correo electrónico del padre/madre/guardián: _____

Número de celular del estudiante: _____ Profesor de Estudios Sociales: _____

Método de pago preferido: Marque uno de los siguientes:

En línea: _____ Dinero en efectivo: _____ Cheque: _____

Plan de pago: (4 pagos iguales \$25.50) _____

Haga los cheques a nombre de Earle B. Wood Middle School. Incluya el nombre de su hijo/a en la línea de memo del cheque. Las personas cuyos cheques son devueltos por el banco se les cobrará un cargo de \$25.00. Si desea pagar en línea, visite la página de internet de Earle B. Wood Middle School y seleccione el enlace para pagos en línea.



Parent/Guardian Approval For Trips MCPS Transportation Is NOT Provided

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-31
July 2018

PART I: To Be Completed by the Trip Sponsor.

School Earle B. Wood MS - 820 Grade Level/Group 8th Grade
 Date(s) of Trip June 13, 2023 From 7:15 a.m./p.m. To 7:30 a.m./p.m. Student Cost \$102.00
 Location of Trip (include city and state) Hershey Park Hershey, Pennsylvania
 Transportation Arrangements: MCPS Approved Bus Carrier (Name: Academy Bus)
 Public Transportation (Specify: _____) Walking
 Riding in a vehicle with: Parent Guardian Staff Student
 Purpose of Trip 8th Grade End-of-Year Celebration
 School Staff Sponsor Jason Laraia and Cheryl Nixon-Williams Date 3 / 6 / 23
 The student named below may be excused to engage in the above-described activity.
 Signature of Principal [Signature] Date 3 / 30 / 23

PART II: To Be Completed by Parent/Guardian, or Eligible Student

A. Parent/Guardian Financial Responsibility

Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips.

Cost—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee.

Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.

Delay, Change, or Cancellation—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment.

Additional Cost—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren).

B. Prescribed Medication

School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, and/or MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto-Injector*.

My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. **Note:** Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details.

C. Information Regarding Travel Insurance

Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Student Name _____ Teacher _____

- I give permission for my child to participate in the above-described activity.
- I do NOT give permission for my child to participate in the above-described activity.
- I would like to volunteer to chaperone this field trip.*

**Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks.*

Parent/Guardian Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date _____/_____/_____



Autorización del Padre/Madre/Guardián para Viajes

MCPS NO Provee Transporte

MCPS Form 560-31
Julio 2018

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PARTE I: Debe Ser Completada por el Patrocinador del Viaje

Escuela Earle B. Wood Middle School Nivel de Grado/Grupo Octavo grado
 Fecha/s del Viaje 13 de junio de 2023 De 7:15 a.m./p.m. A 7:30 a.m./p.m. Costo para el/la Estudiante _____
 Lugar del Viaje (incluir ciudad y estado) Hershey Park, Hershey, Pennsylvania
 Coordinación de Transporte: Transporte de Autobús Aprobado por MCPS (Nombre: autobús de la academia)
 Transporte Público (Especificar: _____) Caminando
 Viajando en un vehículo con: Padre/Madre Guardián Miembros del Personal Estudiante
 Propósito del Viaje Celebración de fin de año de octavo grado
 Personal Escolar Patrocinador Jason Laraia and Cheryl Nixon-Williams Fecha 3 / 6 / 23
 El/la estudiante cuyo nombre figura más abajo puede ser excusado/a de participar en la actividad anteriormente descrita.
 Firma del Director/a de la Escuela [Signature] Fecha 3 / 30 / 23

PARTE II: Debe Ser Completada por el Padre/Madre/Guardián o por el/la Estudiante Elegible

A. Responsabilidad Financiera del Padre/Madre/Guardián

Montgomery County Public Schools (MCPS) desea que usted conozca su responsabilidad financiera en las excursiones escolares.

Costo—Dependiendo del viaje, el costo podría incluir transporte, boleto o costo de entrada, comidas, hotel y/o tarifa de la compañía de viajes.

Pago—El pago puede efectuarse mediante cheque girado a nombre de la escuela; en efectivo; o, si estuviese disponible, a través de un sistema de pago en línea. Sin embargo, se recomienda que usted no envíe dinero en efectivo a la escuela con su hijo/a. Un cheque devuelto por el banco por cualquier motivo está sujeto a un cargo de \$25.00 por devolución de cheque. Por favor póngase en contacto con el consejero/a escolar o con un administrador/a escolar para coordinar opciones alternativas de pago. Hay becas, tarifas reducidas, o planes de pago modificados disponibles, si el costo de la excursión escolar representase un problema para su familia.

Demora, Cambio o Cancelación—A veces es necesario postergar, cambiar o hasta cancelar un viaje por razones de seguridad, mal tiempo o por otras razones. A veces, cuando un viaje se cancela, se cambia o se posterga, hay tarifas de cancelación u otros pagos que se han efectuado anticipadamente y que MCPS no puede recuperar. Por ejemplo, podrían haber reservas de transporte, boletos que han sido adquiridos o tarifas pagadas a un agente de viajes. No es siempre posible un reembolso, pero haremos todo lo posible por reembolsar la totalidad o parte de su pago.

Costo Adicional—Si un viaje se posterga, es interrumpido o se cambia una vez comenzado, y eso hace que los estudiantes deban permanecer fuera de sus hogares y de la escuela por más tiempo del anticipado por razones de seguridad, podría haber costos adicionales por cosas tales como comida, alojamiento y transporte adicional o alternativo. Si esto ocurriese, haremos todo lo posible por mantener los costos al mínimo, pero usted será responsable de pagar estos gastos adicionales para su hijo/a o hijos.

B. Medicamentos Recetados

El personal de la escuela, cuando sea absolutamente necesario, administrará medicamentos a los estudiantes durante la jornada escolar y mientras participan en excursiones escolares que requieran estancia durante la noche, si el padre/madre/guardián ha completado el Formulario 525-13 de MCPS, *Autorización para Suministro de Medicamento Recetado, Acuerdo de Liberación e Indemnización*, y/o el Formulario 525-14 de MCPS, *Atención de Emergencia para Estudiantes con Diagnóstico de Anafilaxia. Acuerdo de Liberación e Indemnización para Auto-Inyector de Epinefrina*.

Mi hijo/a necesitará que se le administre un medicamento mientras participa en esta excursión escolar. El Formulario 525-13 de MCPS y/o el Formulario 525-14 de MCPS ha/n sido completado/s (por lo menos una semana antes del día de la excursión) y está/n archivado/s en la Sala de Enfermería de la escuela de mi hijo/a.
Nota: Los medicamentos recetados deben tener la etiqueta correspondiente en el envase expedido por un farmacéutico, la etiqueta del medicamento y la orden del médico deben coincidir y los medicamentos de venta libre deben estar en su envase original con la etiqueta de dosis expedida por el fabricante y el sello de seguridad intactos. Vea los Formularios 525-13 y/o 525-14 para más detalles.

C. Información sobre el Seguro de Viajes

El seguro de viajes podría ayudar a cubrir costos si el viaje se cancela, se posterga o se interrumpe, o si su hijo/a no puede viajar por razones tales como enfermedad. El costo del seguro de viajes varía dependiendo de la compañía y el plan que usted elija. Tenga presente, sin embargo, que las compañías de seguro de viajes no cubrirán un viaje que sea cancelado por la escuela como precaución. A menos que la escuela haya hecho arreglos para incluir un seguro grupal en el costo de la excursión escolar, la decisión de si debería o no usted adquirir seguro de viajes es suya. Si usted desea comprar seguro de viajes, deberá organizarlo y pagar el costo.

Nombre del/de la Estudiante _____ Maestro/a _____

- Autorizo a que mi hijo/a participe en la actividad descrita arriba.
- NO autorizo a que mi hijo/a participe en la actividad descrita arriba.
- Quisiera ser voluntario/a acompañante durante esta excursión escolar.*
 *Por favor tenga en cuenta que todos los voluntarios deben completar la capacitación en línea sobre cómo prevenir, reconocer y denunciar abuso y negligencia infantil. Los voluntarios para excursiones escolares de jornadas prolongadas (regresando después de las 7:00 p.m.), y aquellas que requieren estadía por la noche también deben someterse a una prueba de sus huellas digitales y una investigación de antecedentes penales.

Nombre del Padre/Madre/Guardián _____ Teléfono _____

Contacto de Emergencia _____ Teléfono _____

Firma del Padre/Madre/Guardián _____ Fecha _____/_____/_____

Authorization to Administer Prescribed Medication

Release and Indemnification Agreement



MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS Form 525-13
February 2019
Page 1 of 2

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by an authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student Name: Last _____ First _____ MI _____

MCPS ID# _____ Date of Birth ____/____/____ School Name Earle B. Wood MS - 820

Prescription: Renewal New If new, the first full day's dosage was given at home on: ____/____/____

List all medication(s) student is taking, including over-the-counter medication(s):

Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

DHHS and MCPS discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication (*trade name or generic*): _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at school: _____
Ranges not accepted (i.e., 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____

Medication orders effective Current school year, **OR** Effective dates ____/____/____ to ____/____/____

Side Effects: _____

If PRN, specify when indicated (signs/symptoms) _____

Frequency of administration (ranges not accepted, i.e. every 2 to 4 hours) _____

Authorized Prescriber's Name (print/type) _____ Phone ____-____-____ Date ____/____/____

Authorized Prescriber Signature _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors must be authorized by the authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL

Check as appropriate:

Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)

Prescription medication is properly labeled by a pharmacist.

Medication label and authorized prescriber order are consistent.

Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order).

Signature, School Community Health Nurse (SCHN)/Principal _____ Date ____/____/____



Autorización para Administrar Medicamento Recetado

Acuerdo de Liberación e Indemnización

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

Formulario 525-13 de MCPS
Febrero 2019
Página 1 de 2

PARTE I: DEBE SER COMPLETADA POR EL PADRE/MADRE/GUARDIÁN

Por este medio solicito y autorizo al personal de Montgomery County Public Schools (MCPS) y de Montgomery County Department of Health and Human Services (DHHS) a que suministren el medicamento recetado, según lo indicado por un médico/a certificado/a (Parte II, abajo). Acuerdo liberar, indemnizar y mantener indemnes de juicios, demandas de reclamos o acciones en su contra a MCPS y a DHHS y a cualquiera de sus funcionarios, miembros del personal o agentes por suministrar un medicamento recetado a este/a estudiante, siempre que el personal de MCPS y de DHHS estén siguiendo la orden del médico/a certificado/a según está escrita en la Parte II, abajo. He leído los procedimientos detallados al dorso de este formulario y asumo las responsabilidades, según se exige.

Nombre del/de la Estudiante: Apellido _____

Primer Nombre _____ Inicial del Segundo Nombre _____

Estudiante de MCPS # _____ Fecha de Nacimiento ____/____/____ Nombre de la Escuela Earle B. Wood MS - 820

Prescripción: Renovación Nueva Si es nueva, la dosis completa del primer día fue dada en el hogar en fecha: ____/____/____

Enumere todos los medicamentos que el/la estudiante esté tomando, incluyendo medicamentos de venta libre: _____

Firma, Padre/Madre/Guardián _____ Teléfono ____-____-____ Fecha ____/____/____

PARTE II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER (DEBE SER COMPLETADA POR EL MÉDICO/A CERTIFICADO/A)

DHHS and MCPS discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication (*trade name or generic*): _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at school: _____
Ranges not accepted (i.e., 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____

Medication orders effective Current school year, **OR** Effective dates ____/____/____ to ____/____/____

Side Effects: _____

If PRN, specify when indicated (signs/symptoms) _____

Frequency of administration (ranges not accepted, i.e. every 2 to 4 hours) _____

Authorized Prescriber's Name (print/type) _____ Phone ____-____-____ Date ____/____/____

Authorized Prescriber Signature _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors must be authorized by the authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

PARTE III: TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL (DEBE SER COMPLETADA POR EL ENFERMERO/A DE LA COMUNIDAD ESCOLAR O EL DIRECTOR/A DE LA ESCUELA)

Check as appropriate:

- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and authorized prescriber order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order).

Signature, School Community Health Nurse (SCHN)/Principal _____ Date ____/____/____