

ANACORTES SCHOOL DISTRICT #103

Procedure 3416-P
Form 3

ANACORTES PUBLIC SCHOOLS Anacortes WA

DISCONTINUANCE OF MEDICATION

STUDENT: _____ NAME OF MEDICATION: _____

SCHOOL: _____ DATE OF MEETING: _____

Present concerns regarding dispensing of medication at school:

Action(s) taken in response to concerns:

Committee members in agreement that administration of medication at school should be discontinued:

Name Position

Name Position

Name Position

Committee members opposed to the recommendation to discontinue administering medication at school:

Name Position

Name Position

Name Position

Reason(s) for dissenting:

original - Director of Special Programs
cc - Parent
cc - School

Adoption Date: 6.28.01 Revised: 03.06.09

