

**DELEGATION TO UNLICENSED SCHOOL PERSONNEL:
ASSISTING STUDENTS WITH MEDICATION**

SCHOOL: _____

FOR THE _____ YEAR THE FOLLOWING UNLICENSED (NONMEDICAL) PERSONNEL ARE ELIGIBLE FOR
DELEGATION OF CERTAIN MEDICATIONS TO STUDENTS:

DATE ELIGIBLE (Passing 24-Hour Course)	NAME OF UAP	JOB TITLE	DATES MONITORED COMMENTS (RN, Principal, & Supervisor Regarding Delegation Practice)	DATE DELEGATION SUSPENDED OR REVOKED
1				
2				
3				
4				
5				
6				

SIGNATURE OF DELEGATING RN