

PARENTAL CONSENT AND PHYSICIAN'S ORDER FOR MEDICATION
(For students who require medication given by school personnel during school hours)

TO BE COMPLETED BY PARENT/GUARDIAN:

Date of Request: _____

Child's Name: _____ Birth Date: _____ School: _____

I give permission for my child (named above) be given the medication as indicated in the physician's order below. I am aware that non-medical personnel will be administering this medication to my child. I hereby release the school administration, their agents and their employees from any and all liability that may result from my child taking the prescribed medication. I also give the school staff/school nurse permission to contact the prescribing health care provider with questions/concerns.

Parent/Guardian Name (PRINT) Parent/Guardian Signature Best Contact Number(s)

TO BE COMPLETED BY PHYSICIAN:

IT IS NECESSARY THAT THE ABOVE NAMED CHILD RECEIVE THE FOLLOWING MEDICATION DURING THE SCHOOL DAY. PLEASE ADMINISTER THE FOLLOWING AS DIRECTED BELOW:

Name and form of medication: _____

Dosage: _____ Time(s): _____ Route: _____

Relationship to meals – dosage window: _____

Medical Diagnosis: _____

Other Specific Directions: _____

Side Effects to Watch for: _____

Duration of Order: _____

Is the student allowed to self-carry / self-administer? (Emergency medications only) Yes No

Physician's Signature: _____ **Date:** _____

Physician's Name and Address: _____ Phone: _____

(Please print or use stamp) _____ Fax: _____

Reviewed by School Nurse _____ Date _____

Administration of Medication in School

Dear Parent/Guardian:

Our school has a written policy to assure the safe administration of medication to students during the school day. To minimize disruptions in the school day, parents should arrange for a student to take medications at home whenever possible. However, if your child must have medication during school hours, including over-the-counter medication, you have the following choices:

1. You may come to the school and give the medication to your child at the appropriate time(s).
 2. You may obtain a copy of a medication authorization form from the school nurse or the school secretary. Take the form to your child's physician. The form must be completed by the physician for both prescription and over-the-counter medications. The form must be signed by the parent/guardian and the physician.
 - a. **Prescription medicines** must be brought to school in a pharmacy labeled container. The prescription label instructions must match the medication authorization form completed by the physician.
 - b. **Over-the-counter medicines** must be received in the original container, labeled with the child's name, and will be administered according to the instructions on the medication authorization form completed by the physician.
 3. You may discuss alternative medication administration schedules with your child's physician (i.e., before school, after school).
 4. Self-carry /Self-administer: In accordance with G.S. 115C-375.2 and G.S. 115C-47, students requiring medication for asthma, anaphylactic reactions (or both), and diabetes, may self-medicate with physician authorization, parent permission, and a student agreement for self-carried medication. The student must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for the management of self-carry medications. *(Please review the medication policy concerning special considerations for high school students and self-carry medication guidelines.)*
- School personnel will not accept medication unless it is received in an appropriately labeled container, accompanied by a properly completed medication authorization form, signed by both the parent/guardian and the physician.
 - **Due to possible adverse reactions, students should not receive a first dose of any medication at school if they have not taken the medication previously at home.**
 - All medications and authorization forms must be reviewed by the school nurse before the medication will be administered to the student. If you have questions about the policy, or other issues related to the administration of medication in the school, please contact the school nurse at the following phone number:
_____.

Thank you for your cooperation,

School Nurse

Principal

