

Gates County Schools
Request for Medication Administration in School
Form JHCD/6125, A-1, 01/07

To be completed by physician

PLEASE DO NOT USE ANY MEDICAL ABBREVIATIONS, BE SPECIFIC, AND FILL OUT THIS FORM IN ITS ENTIRETY

Name of student: _____ Date of Birth: _____

Medication: _____ Dosage: _____

Time(s) medication is to be given: _____ Date(s) to be given: _____

Significant information (Include side effects, toxic reactions, omission reactions): _____

Contraindications for Administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to contact parent/guardian, and/or send student immediately to the emergency room at _____

Doctor's Printed Name _____ Telephone Number _____

FOR SELF-ADMINISTRATION ONLY: MEDICINE FOR ASTHMA, DIABETES, or ANAPHYLAXIS.

Student may self-administer and self-carry medication at school. (Check one) yes no. Student has demonstrated understanding of and ability to self-administer asthma medication, diabetes medication, or medicine for anaphylactic reactions and may carry and self-administer as prescribed. Parent/guardian must provide an extra inhaler to be kept at school in case of emergency.

A written statement, treatment plan, and written emergency protocol developed by the student's health care provider must accompany this authorization form in accordance with requirements stated in G.S. 115C-375.2

Student must have a self-medication treatment contract (completed by student and school nurse after receipt of this form).

All prescription medications for use at school will be furnished by a parent or guardian in a container properly labeled by a pharmacist with identifying information, (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken). All over-the-counter medications must be furnished in the original container.

Physician's Signature _____ Date _____

To be completed by parent/guardian

I hereby give permission for my child (named above) to receive medication during school hours. A licensed physician has prescribed this medication. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication. This consent is good for the school year, unless revoked.

Parent or Guardian's Signature _____ Daytime Telephone Number _____ Date _____

(School Use Only)

Approved by _____
Principal's Signature _____ Date _____

Reviewed by _____
School Nurse's Signature _____ Date _____

Dear Parent/Guardian(s):

Our school system has a written policy to assure the safe administration of medication to students during the school day. The school and school employees do not purchase any medications to distribute to students. If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

You can come to school and give the medication to your child at the appropriate time(s).

You may complete the "Authorization For Medication To Be Given During School Hours" form (Form JHCD, A-1, found on the back of this letter) or a similar form from your child's doctor's office. Have your child's doctor complete the form by listing the medication needed, dosage, and number of times per day the medication is to be administered. The physician and parent/guardian must complete a separate form for each prescription and over-the-counter drug needed at school. This means that the doctor and you, the parent or guardian, must authorize all medications (such as inhalers and Tylenol) before they are brought to school. Prescription medicines must be brought to school in a pharmacy-labeled container, that contains instructions on how and when the medication is to be given. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions. We ask that the parent/guardian transport all medications to and from school to sign the medication in and out and verify the medication count. Please be aware that the school nurse does not administer the medication, as she covers other schools. School employees are designated by the principal and trained by the school nurse to administer medications. Documentation is required and is kept on file. Medications not picked up at the end of school and signed out by a parent or guardian will be destroyed on the last teacher workday.

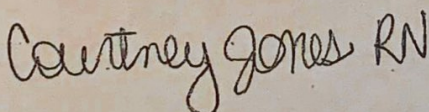
You may discuss with your doctor an alternative schedule for administering medication (i.e., outside of school hours).

Self-medication: In accordance with G.S. 115C-375.2 and G.S. 115C-47, students requiring medication for asthma, anaphylactic reactions, or diabetes, may self-medicate with physician authorization, parent permission, and a student agreement for self-carried medication.

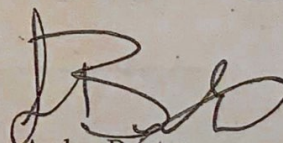
School personnel will not administer any medication to students or allow students to self-administer medication unless they have received an authorization form properly completed and signed by both doctor and parent/guardian, and the medication has been received in an appropriately labeled container. A new authorization form must be completed each school year. In fairness to those giving the medication and to protect the safety of your child and others, there will be no exceptions to this policy.

If you have any questions about the policy, or other issues related to administration of medication in the schools, you may contact the school nurse or school principal.

Thank you for your cooperation,



Courtney Jones, RN, BSN, NCSN
School Nurse



Amber Buxton
Principal