PERMISSION TO ADMINISTER MEDICATION

Form 18

Whenever possible, medication should be administered at home. If a medication is to be administered by school personnel, a Permission to Administer Medication Form must be completed and signed by the prescribing licensed medical provider and signed by the parent. Prescription medication must be in the most current pharmacy labeled container. Over the counter medication must be provided in the original container and labeled with the student's name. Only one medication per form is permitted, and new form must be completed each school year and anytime the dose or instructions change.

Student Information

Student Name: _____ DOB_____ Teacher/Grade_____

School_____ Physician name and Phone number _____

Medication Prescribing Instructions: Licensed Medical Provider Use Only

Medication_____

Dosage_____Time(s) to be given at school_____

Relationship to meals: Before □ After □ N/A □

Purpose of Medication _____

Possible Side Effects _____

Self Administration of Medication(s): Licensed Medical Provider Use Only

Asthma inhalers, epinephrine auto injectors, and diabetes medication(s) and supplies may be carried and self administered according to North Carolina General Statutes with a signature of the student's licensed medical provider.

□_____ (Initials of Medical Provider) I agree that this student demonstrates the knowledge and skills necessary to self medicate. (Limited to asthma inhalers, epinephrine auto injectors, and diabetes supplies and medications)

Licensed Medical Provider Signature and Verification

In order to maintain this student's optimal health and to maximize the educational performance and school attendance, it is necessary for this medication to be given during school hours according to the above instructions.

Medical Provider Signature_____Date_____
Telephone Number _____Fax Number_____

Clinic Stamp

Please see second page for more parent information and signature for self administration.

Parent Signature and Release of Liability

I request that my child (named above) receive this medication as instructed above. I understand it is my responsibility to provide the medication to the school in the appropriately labeled container. I give my permission for the school nurse to contact my child's medical provider regarding the medication and his/her medical condition if necessary. I hereby release the Rockingham County Board of Education and its agents from any liability related to administration of this medication to my child.

Parent Signature_____

Date_____

School Nurse_____ Date_____

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Student Name_____ **DOB**_____

SELF ADMINISTRATION SECTION (Limited to asthma inhalers, epinephrine auto injectors, and diabetes supplies and medications)

Parent Section

I give my consent for my child to possess and self administer medication at school. I agree that my child is knowledgeable of his/her treatment and is capable of self administering the prescribed medication. I will provide the school with back up medication that shall be kept in a location that is accessible. I release the Rockingham county Board of Education and their agents and employees from any liability whatsoever related to any condition that may result from my child self administering the prescribed medication.

Parent Signature_____ Date_____

Student Section

I am capable of taking this emergency medication as recommended, and I accept the responsibility. I agree to use this medication as prescribed and to notify my teacher/bus driver/coach or other supervising adult as outlined in my treatment plan. I understand that it is my responsibility to keep my medication accessible at all times including transportation to and from school and at school sponsored events. I understand that I am subject to the disciplinary action according to the Student Code of Conduct if I abuse this privilege.

Student Signature_____Date_____

School Nurse Section

The student has demonstrated proper use of the medication and recognizes the indications for its use.

School Nurse Signature_____ Date_____

Medication Reminders:

- Written authorization from a licensed medical provider is required when it is necessary for your child to receive either prescription or nonprescription medication at school.
- No medication will be given until the authorization form is completed in full.
- A new form is required for any medication change. (change in dose, change in time)
- A new medication form is required for each school year
- It is the parent's responsibility to provide all medication to the school.
- Each prescription medication must be in the appropriately labeled pharmacy container. Most pharmacies will provide a second bottle for school.