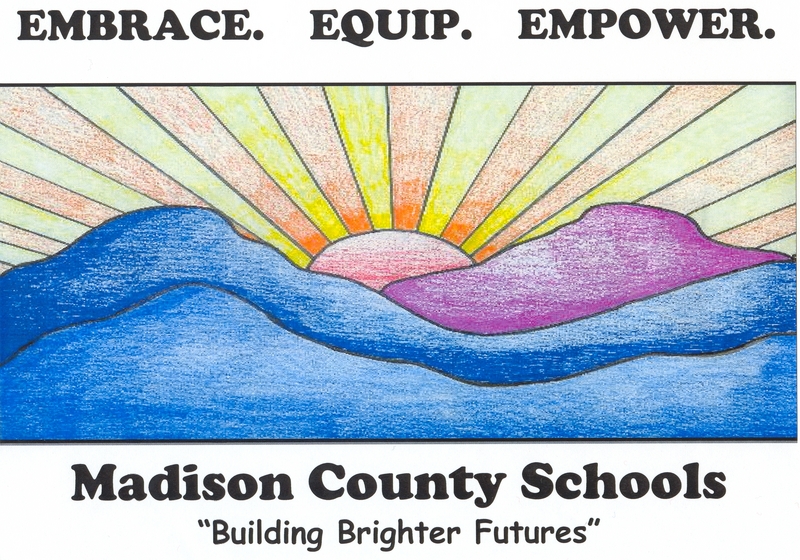
[](http://www.madisonk12.net/modules/groups/homepagefiles/cms/1630688/File/Friday%20Report/March_2012/FR032312.pdf?e134bb&758ac9&c7385e&4d164a&9fa677&db6e1b&db6e1b&d779e9&563caa&e950bc&6e5c30&6e5c30&88a616&2e26f0&06d344&06d344&a979d5&fa7b46&386fc1&386fc1&8a45ac&a2b124&183504&8b74a5&f02a44&f02a44&a8f395&d5e665&5dd61d&5e42b1&0ce62a&76fc1d&2cea34&25ed39&b115e0&b115e0&69c77b&694462&e39680&a05a55&4a1ae8&eacc98&2625f0&2625f0&2625f0&2625f0&e0256a&0e91d0&5a506b&890061&890061&d11f18&5e9521&5e9521&4a1e1c&4a1e1c&0b2c9a&59db7b&7b5bec&94dd70&94dd70&94dd70&316393&86b4a2&8850cd&8850cd&449fe1&66e0bd&a55c8e&1db7e3&dcec3f&3c1e05&3c1e05&ab7c1d&ab7c1d&ab7c1d&254c79&0e3f28&fc0427&590320&e976d4&2af4f8&314f20&916245&b22ce5&db4c5c&5e3413&db980b&5dab1c&061491&bc9c07&aba928&0f7ca2&3170c6&76dfdf&a33cf5&132c28&74d850&13b0d2&13b0d2&99ec52&99ec52&99ec52&fecce3&af9808&af9808&af9808&af9808&af9808&65533e&de1157&b95113&231ec8&sessionid=dfe47b1e911d2ce0c4deee4ea9b34318)

PLEASE Keep this page!

**Some important information for Parents or Guardians**

**Elementary Schools**

**Madison County Schools Health Services**

**The** Madison County School system is fortunate to have Registered Nurses on staff to work with parents, students, faculty and physicians to ensure that students with medical conditions receive the best education experiences possible. We strive to get all emergency plans established within 2 weeks of the student starting school. **Please complete the attached form and return it to the school nurse as soon as possible.**

**All medications should be given before or after school hours if at all possible.**

**⃝ About MEDICATIONS at school:**

* **The LAW:**
* NC state laws require that **all medications must have a physicians’ written authorization** to be given at school.
* The law also requires that **a parent or guardian give written consent** to give the medication @ school.
* **CONSENT:**
* Consent and authorization **forms must be submitted to the school with the medication.** Medications cannot be accepted without proper authorization. A handwritten note from a parent is not adequate. Forms can be found on the Madison County Schools website, or at the school.
* A physician can submit written consent on their own forms as long as it includes the name of the medication , the dosage, the frequency it is to be given, the start date, the end date, the reason medication is to be given and any known side effects. Written orders can be faxed to the school or hand delivered by the parent/guardian.
* Consents are valid for one school year only and must be renewed each year or when there is a change in medication.
* **PACKAGING:**
* Over the counter medications (OTC) should be brought in **unopened packages**, with original labeling, and in the smallest amount available. Open or partial bottles of OTC medications will not be accepted.
* Prescription medications must be in **properly labeled prescription bottles**. Pharmacies will make a duplicate medicine bottle if requested.
* **DELIVERING MEDICATIONS:**
* The **smallest feasible amount** of medication should be sent to the school. Parents should come in to the nurse’s office and fill out the consent forms. A parent may come to the school and give their child medication at any time during the school day.
* **END OF THE SCHOOL YEAR:**
* At the end of each school year, **all medications must be picked up by the parent or guardian**. Students will not be allowed to take the medications home. Any medications not picked up by the last student day of school will be destroyed according to standards of practice.

**⃝** HEALTH FORMS: These forms require parent or guardian signature:

* **Student Health History Form**: This information is gathered at the beginning of each school year and used by the school nurse to establish appropriate health plans for your child and to collect data for state reports. The form is attached here and should be returned to the school nurse at the beginning of the school year.
* **Medication Authorization Form**: This form must be **completed and signed by you**. It must **also be signed by your child’s doctor.**  A doctor can fax an order to the school, or print an order and deliver it to the school by you or your child. The form must be completed each year for any medications (prescription or non-prescription) to be administered at school.
* **Field Trip Medication Consent Form**: This form is used to give consent and instructions to school personnel anytime a student will require medication to be given when away from school property. This form will be used when the student will be attending an overnight field trip, or when daily medication is needed on a day long field trip. School nurses will educate faculty on proper medication administration and signs and symptoms of complications to report.
* **Emergency Action Plans:** Emergency Action Plans (EAP’s) will be established at the beginning of the school year for students with potential life threatening conditions such as **Asthma, Diabetes, Life-threatening allergies and Seizures.** Plans must be signed by the parent or guardian. EAP’s can be established for other medical conditions that are life threatening or require emergency response on an individual basis.
* **Individual Health Care Plans**: School nurses write and implement individualized health care plans (IHP’s) for students with specific health care needs. These plans are created for a variety of health conditions and are used to ensure that teachers and faculty are aware of any special needs that need to be observed to ensure a child’s safety and well-being at school.
* **Deferment of Diabetes Care Plan Form**: This form can be signed if parents do not wish for school personnel to assist with the management of a diabetic student’s medical condition. All students will receive appropriate emergency care if needed, (including calling parents and EMS) but school personnel will not otherwise manage the student’s diabetic plan.
* **Please make routine and dentist appointments after school hours whenever possible to decrease student absenteeism.**
* **⃝** Who to contact

**Madison County Schools Central Office 649-9276**

**Mars Hill Elementary School** School Nurse: (cell) 206-0379 Main: 689-2922

Fax: 689-5536

**Madison Early College** School Nurse: (cell) 206-0379 Main: 689-9552

Fax: 689-9644

**Brush Creek Elementary School** School Nurse: (cell) 206-0378 Main: 649-1547

Fax: 649-3637

**Hot Springs Elementary School** School Nurse (cell) 206-0378 Main: 622-3292

Fax: 622-3685

**Madison Middle School** School Nurse (cell) 206-0848 Main: 649-2269

Fax: 649-9015

**Madison High School** School Nurse (cell) 206-0604 Main: 649-2876

Fax: 649-0104