

CRAVEN COUNTY SCHOOLS

REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

To be completed by a Licensed Health Care Provider

Name of Student _____ School _____

DOB _____ Diagnosis _____

Medication: _____ Dosage: _____ Route: _____

Specify time(s) medication is to be given at school: a.m. _____ p.m. _____

To be given from (date) _____ to _____

Significant Information: Include side effects, toxic reactions, and omission reactions:

Contraindication for Administration: _____

FOR SELF ADMINISTRATION: A 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. 116C-375.2

Student has demonstrated understanding of and ability to self-administer asthma, diabetes, allergy medication as prescribed and may carry:

- MDI/ MDI with spacer (*metered-dose inhaler: parent must provide an extra inhaler to be kept in school in case of emergency-stated in G.S. 116C-375.2)
- Epi-pen
- Insulin

Licensed Health Care Provider (Print and Signature)	Phone Number	Date
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PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a Licensed Health Care Provider. I hereby release the School Board and their agents and employees from any and all liability that may result from my child taking the prescribed medication. **All medication for use at school will be furnished by parent/guardian in a container properly labeled by a pharmacist with identifying information (name, medication, dosage, time it is to be taken).** I consent that designated school staff have my permission to communicate with the prescribing physician/healthcare provider on matters related to this medication. If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

- a. Contact Dr. _____ at Phone _____
- b. Take child immediately to the emergency room at _____

Signature of Parent/Guardian	Phone Number	Date
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Nurse Signature _____ Date Received: _____

REQUIREMENTS FOR STUDENTS WITH ASTHMA/DIABETES/SEVERE ALLERGIES TO HAVE IN THEIR POSSESSION
PRESCRIBED MEDICATION

1. The student's licensed health care provider prescribes the medication and states in writing that the student has sufficient knowledge and maturity to use the medication correctly. The parent must provide an extra inhaler to be kept in school.
2. The parent/guardian states in writing that the student has sufficient knowledge and maturity to use the medication correctly and releases the school and its personnel from any responsibility regarding the medication.
3. The student complies with the following:
 - a. The student shall keep the medication in his/her possession at all times and shall not leave it in a place accessible to other students.
 - b. The student shall not offer, nor allow, any use or possession of his/her medication by another student.
 - c. If asthma symptoms should occur during required physical activity, the student shall use his/her inhaler as needed and inform the staff member who is in charge. If diabetes/severe allergy symptoms should occur during required physical activity, the student shall inform the staff member who is in charge, so that the care plan/emergency plan can be followed.
 - d. The student must demonstrate to the school nurse proper use of asthma medication, required by G.S. 116C-375.2.

INFORMATION REGARDING ADMINISTRATION OF MEDICATION AT SCHOOL

1. You may come to school and give the medication to your child at the appropriate time(s).
2. You may have your child's health care provider complete and sign the medication form. A parent/guardian must also sign the form. Prescription medicines must be brought to school in a pharmacy-labeled bottle which says how and when the medicine is to be given. Over the counter medicines must be in the original container labeled with the student's name.
3. All medication must be brought to school by the parent or another adult. The bus driver will deliver the medication for you if you do the following:
 - a. Write on an envelope your child's name, homeroom teacher and school.
 - b. Place the completed and signed medication form and the medicine in the proper container in the envelope and seal the envelope.
 - c. Hand the sealed envelope directly to your child's school bus driver.
4. The school accepts no responsibility for students who self medicate.

All medication must be picked up by an adult by the last school day or other arrangements must be made with the school nurse. All medication not sent home will be discarded. Spacers not picked up will be sent home with the students. If you have any questions or other issues related to the administration of medication in school, please contact the school nurse.

(Revised 3/2019)