

New Kent County Public Schools
Permission Form for the Administration of Prescription and Over-the-Counter Medications

Part A - Physician's Note

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to _____ during school hours and that this medication may be administered by school personnel.

Medication	Dosage	Directions and Time	Condition Prescribed for:	Action Plan YES / NO

Prescriber's Signature

Date

Part B - Parent's Note

I, _____, the parent of or guardian of _____, request that the School Nurse or principal designee administer the medication prescribed above to my child during school hours. I understand that the person (principal's designee) may be a non-medical person giving medications, and I agree that I shall not hold such person or the School Board of New Kent liable in any way for any harm or injury resulting from the administration of such medication. I also agree to furnish said medication in the bottle supplied by the drug store with the label intact. I also give consent for medication verification, when necessary, with the child's doctor and/or pharmacist.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

**New Kent County Public School Policy for Administering
Medications at School
Approved June, 1996**

Under certain unusual circumstances when it is necessary for a student to take medication during school hours, the nurse may cooperate with the family physician and the parents if the following requirements are met:

1. Under the Nurse Practice Act, all medications (**prescription and/or Over-the-Counter**) must be prescribed by a physician.
2. There must be a **written order from the physician** stating the name of the student, the name of the medication, the dosage, the route, and the time to be administered.
3. Medicine sent to school must be in the **original** container for it to be administered to students.
4. There must be **written permission from the parent** to administer the medication to the child. Forms are available from the school clinics.
5. No medicines will be provided by the school system.
6. The medicine must come to the nurse in the prescription bottle or original container as the case of over-the-counter preparations, **AND BE TRANSPORTED TO AND FROM THE PRIMARY AND SECONDARY SCHOOLS BY PARENT, GUARDIAN, OR ADULT DESIGNATED BY PARENT OR GUARDIAN.**
7. All medication administration forms must be renewed each year.

Please feel free to contact your school nurse with any questions you may have or special circumstances that may exist. Together we can work for the safety and well-being of all our students.