

GUILFORD COUNTY SCHOOLS
AUTHORIZATION OF MEDICATION FOR A STUDENT AT SCHOOL

Check one: _____ Prescription _____ Non-Prescription

School: _____ School Address: _____

Name of Student: _____ Date of Birth: _____

IN ORDER TO KEEP THIS STUDENT IN OPTIMUM HEALTH AND TO HELP MAINTAIN MAXIMUM SCHOOL PERFORMANCE, IT IS NECESSARY THAT MEDICATION BE GIVEN DURING SCHOOL HOURS.

NOTE: Please Complete a Separate Form for each Medication

PRESCRIBER INSTRUCTIONS:

Prescribing Health Care Clinician (print): _____ Phone: _____

Medication: _____ Diagnosis: _____

Dosage, Time, and Method of Administration: _____

Expected Dates for Administration: _____

List Any Possible Adverse Reactions That Should Be Reported to Health Care Clinician: _____

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Check here if serious reaction can occur if medication not given exactly as prescribed.

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Check here if serious reaction can occur even when medication is administered properly.

☐

Student has been instructed, understands and has demonstrated the skill to self administer his/her emergency medication.

Special handling instructions: _____

NOTE: The health care clinician may use another format (computer printout, letter, etc.) to authorize administration of the medication. However, all information requested above must be provided.

Signature of Health Care Clinician

Date

Phone

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 physician or other health care clinician. I hereby release the Board of Education and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

Signature of Parent or Guardian

Date

Phone

(SCHOOL USE ONLY)

Name and title of person(s) designated by principal to administer medication: _____

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Student has demonstrated to the school nurse the skill to self administer his/her emergency medication.

Content reviewed by: _____

Signature of School Health Nurse

Date

Withdrawal of authorization was made in writing (attach note from parents): _____

Date

Per GCS Policy – JGCD-P

It is the parent or guardian's responsibility to:

- Provide to the school the medication in an appropriately labeled container which includes the student's name, the name of the medication, the unit dosage to be given, and the time and method of administration.
- Provide new containers with appropriate labeling when medication changes are made, and to remove medications from school premises when they are discontinued by the health care clinician. (Note: A health care clinician is defined as a licensed health care provider who can prescribe medication under North Carolina statute).
- Ensure that the "Authorization of Medication for a Student at School" form is completed, signed by the health care clinician and parent/guardian, and returned to school. (Note: The health care clinician may use another format (letter, computer, printout, etc.) to authorize the administration of medication as long as all information requested in the "Authorization of Medication for a Student at School" form is provided).
- Inform the school in writing if he/she wishes to withdrawal authorization for medication to be given at school. The withdrawal of authorization is documented on the "Authorization of Medication for a Student at School" form.
- Remove medication from school premises at the end of the school year.