Clark County School District
Health Services Department

PARENT/GUARDIAN REQUEST FOR MEDICATION ASSISTANCE

SCHOOL YEAR _____

Name of Student (please print): _____ Birthdate: _____

Teacher: _____ Grade: _____ Track: _____

Name of Licensed Health Care Provider: _____ Phone #: _____

1. I request that personnel from the Clark County School District assist my child with the medication noted below.
2. I have read and do understand Regulation 5150 as noted on the back of this form.
3. I request that medication assistance be provided in accordance with the current prescription(s) from a licensed health care provider. I will notify the school if the health status of my child changes or if the licensed health care provider changes.
4. I agree to provide medication containers which have a current, accurate pharmacy label in place. If the medication changes in any way (for example, dosage, time, medication name) I will provide a new label or a written prescription from a licensed health care provider.
5. If the medication appears different in any way, when refilled, the medication will not be given, and the parent/guardian will be contacted.
6. If the school nurse has any questions regarding this medication, I understand that the parent/guardian, the licensed health care provider, and/or pharmacist will be contacted before the medication is given.
7. The Clark County School District is authorized to send home or destroy the medication upon expiration of the prescription, completion of the medication treatment, or completion of this school year, whichever occurs first.
8. I authorize my child to be photographed for identification purposes. I understand that this photograph will be used for the express purpose of accurate identification during medication assistance. I further understand that the use of a photograph for this purpose is optional for each school.
9. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed necessary by the school administrator, school nurse, teacher, or other appropriate personnel.
10. I hereby give my permission for exchange of confidential information in the record of my child between the licensed health care provider prescribing the medication and the Clark County School District Health Services Department school nurse.

In consideration of the permission granted to my child or ward by the Clark County School District to take medication during school hours, I hereby release the Clark County School District, its agent and employees from all actions, causes of action, damages, claims, or demands which I, my child, or my child's heirs, executors, administrators, or assigns may have against the Clark County School District and its employees, administrators, volunteers or agents for all injuries known or unknown which my child may incur by, or arise from, the administration of the following medication: _____

_____
Parent/Guardian Name (Printed) (Signature) Date

Telephone Numbers: Home: _____ Work: _____ Beeper/Cellular: _____

CCSD PERSONNEL TO COMPLETE THIS SECTION

Name of Medication: _____ Dosage: _____

Time(s) to be Given: _____ Purpose: _____

Prescribing Licensed Health Care Provider: _____

_____ _____
School Nurse Signature Date Signature of Person Completing This Section Date

THIS RELEASE EXPIRES AT THE END OF THE SCHOOL YEAR

Distribution: Original: School Copies: Parent/School Nurse

CCSD
CLARK COUNTY
SCHOOL DISTRICT

INFORMATION REGARDING MEDICATION DURING SCHOOL HOURS

The following information summarizes the Clark County School District procedures regarding assistance with medications and the self-administration of medication during school hours. For more complete information please consult District Regulation 5150, Section III, Medication During School Hours, and the district procedures contained in the School Nurse and First Aid Safety Assistant Handbooks.

Students in Grades Pre-K through 5

1. Parents/Guardians should make every effort to avoid the necessity of medicating students during school hours. When possible, medication should be taken before or after school hours.
2. The Site Administrator will designate back-up, unlicensed district personnel to assist students to take their medication. All unlicensed district personnel designated to assist students with medication must be trained yearly by the school nurse to perform this activity in a safe and effective manner consistent with the Nevada State Board of Nursing regulations.
3. Any parent/guardian requesting that district personnel assist his/her child with medication must provide to the school health office a signed and witnessed Medication Release form. For prescription medications, the pharmacy label represents the licensed prescribing practitioner's order. For over-the-counter medication, a copy of the prescription or order from a licensed prescribing practitioner is required.
4. No district employee may assist students to take medication that has not been prescribed or ordered by a licensed prescribing practitioner. This prohibition applies to prescription and over-the-counter medications.
5. Any change from the current medication requires a new Medication Release form signed by the parent/guardian and a new prescription or order from the licensed prescribing practitioner.
6. If the student's condition requires that medication be immediately available at all times, the student may personally maintain possession of the medication. The student's health record must contain a licensed prescribing practitioner's statement reflecting this need. The medication will be kept at all times in a labeled container which includes the name of the student to receive the medication, the name and dosage of the medication, the name of the licensed prescribing practitioner, and the instructions for administration. The school is not liable for the loss or misuse of such medication. Under no circumstances may a student provide medication to any other student.
7. In the event it is impossible for the parent/guardian to complete the Medication Release form, and if the parent/guardian determines that it is imperative that the student receive prescribed medication, trained district personnel will assist the student with the medication for a period not to exceed two days upon written or verbal request of the parent/guardian. Exception: Over-the-counter medications will not be given without a prescription or order from a licensed prescribing practitioner.

Students in Grades 6 through 12

1. With the permission of a parent/guardian, students in grades 6 through 12 may self-medicate, except for controlled substances. The list of controlled substances will be consistent with the current listing provided by the State Board of Pharmacy. The controlled substance list shall be maintained in the health office. Students in grades 6 through 12 may possess medication on district property. Medication must be properly labeled at all times. Students must be able to produce, upon request, written evidence that their parents/guardians have authorized self-medication. If the medication requires a prescription, students must also produce appropriate medical documentation authorizing their use of prescription medication. The medication shall be kept in the labeled container which includes the name of the student to receive the medication, the name and dosage of the medication, the name of the licensed prescribing practitioner, and the instructions for administration. Under no circumstances may a student provide medication to any other student.
2. Students in Grades 6 through 12 who do not have written parent/guardian permission to self-medicate or who are taking controlled substances must follow the requirements of "Students in Grades Pre-K through 5."