

ONSTLOW COUNTY SCHOOLS STUDENT HEALTH SERVICES
Permission for Prescribed Medications to Be Given During School Hours

TO BE COMPLETED BY PARENT/GUARDIAN:

Date: _____ School: _____ Teacher/Grade: _____

Student Name _____ DOB: _____

I give consent for the school nurse and/or trained school staff to administer this medicine to my child according to the licensed health care provider's directions. The school nurse has my permission to contact the health care provider should there be any questions or concerns regarding the medication.

I understand the medicine must be delivered to school personnel by a parent/guardian.

****Students are not allowed to transport medications to school. ****

I understand the prescribed medication must be in the original pharmacy labeled container with identifying information (student name, medication name, prescribed dose and administration time).

Over-the-counter medications MUST be in the original unopened, labeled container.

I release Onslow County Schools, Board of Education, their agents and employees from any liability which could result from my child taking this medication and when my child is authorized to self-carry and self-medicate with this medication.

Parent/Guardian (Print) _____ Signature _____

Date _____ Home _____ Cell # _____ Work # _____

TO BE COMPLETED BY PRESCRIBING HEALTHCARE PROVIDER:

The medication prescribed below is necessary for administration during the school hours.

Medication _____ Strength _____ Dosage _____ Route: _____

DAILY MEDICATION TIMES: _____ AM _____ PM

As Needed/PRN _____ Circumstance: _____

Beginning date: _____ Ending date: _____

Reason for medication: _____ Possible Side Effects: _____

Known Medication Allergies _____

EMERGENCY SELF- CARRY MEDICATIONS

For emergencies, student is authorized to self-carry and self-administer **YES NO** (Circle one)

I certify the student has been instructed by me/health care provider in its proper use and should carry this medicine at all times. YES NO (Circle one)

Health Care Provider Name/Stamp _____ Phone # _____

Health Care Provider Signature _____ Date: _____

SCHOOL NURSE SIGNATURE: _____ **Date:** _____

***NEW MEDICATION PERMIT REQUIRED AT BEGINNING OF EACH SCHOOL YEAR AND
WHENEVER THERE HAS BEEN A CHANGE IN THE MEDICATION***

Dear Parent/Guardian:

Onslow County Schools has a written policy to assure the safe administration of medication to students during the school day. The school nurse and/or other trained personnel **will not and cannot** administer any medication to your child without a medication permission form signed by the health care provider and the parent/guardian. To protect the safety of your child and in fairness to those who administer medications, there are no exceptions to this policy.

Children/students may self-carry rescue inhalers and other emergency medications with written permission from the health care provider and the parent/guardian. Your child must be of appropriate age, responsible and cognitively aware of what the medication is, why it is given and when it is needed. Please feel free to contact the school nurse with any questions about your child's need to self-carry and self-medicate.

If your child requires medication, of any type, to be given during the school day, including over the counter medicines you may:

1. Come to school and give the medication to your child.
2. Contact the school nurse regarding the need for medication to be given at school; obtain the "Onslow County Schools Permission for Prescribed Medications to be Given During School Hours" form. **This form is required for both prescription medications and over-the-counter medications.**
 - a. Take the medication form to your child's health care provider. He/She must complete the form with the medication name, dosage, and times during the day for medication to be administered.
 - b. The form **MUST be signed by the health care provider and the parent/guardian.**
 - c. Prescription medications must be brought to school in the original pharmacy labeled container with instructions on how and when the medication is to be given. Over-the-counter medications, for example, Tylenol or Ibuprofen, should be provided to school in the original, unopened box/container.
 - d. All medications will be administered according to the health care provider's instructions.

ANY CHANGES IN THE MEDICATION DOSAGE, TIME TO BE GIVEN, OR METHOD OF ADMINISTRATION REQUIRES A NEW PERMISSION FOR MEDICATION FORM SIGNED BY THE HEALTH CARE PROVIDER AND THE PARENT/GUARDIAN.

ALL MEDICATION PERMISSION FORMS MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR.

Please keep the school nurse team informed; if you have any questions please contact the school nurse.

Thank you,
The School Health Services Team