Charleston County
SCHOOL DISTRICT

Medication/Procedure Doctor's Orders

School Year: _____

To Be Completed By Legal Prescriber

Name of Student: _____

Date of Birth: _____ School: MOULTRIE MIDDLE SCHOOL F:(854) 800-4073 Ph:(843) 856-6722

Diagnosis: _____

List any known drug allergies or other allergies: _____

_____

Doctor's orders for medications or procedures to be administered or performed at school:

Name of Medication: _____ Reason for Taking: _____
Dosage: _____ Route: _____
Frequency/Time(s) to be given at school: _____
Date to begin medication/procedure: _____ Stop date if not end of school year: _____
Potential side effects/adverse reactions: _____
_____
_____

Comments or Special Instructions:

_____
_____
_____

_____ _____
Legal Prescriber, print name/title Signature of Legal Prescriber

Office phone #: _____ FAX #: _____ Date: _____

To Be Completed By Parent/Legal Guardian

I have read and understand the CCSD Medication/Procedure policy and give permission for my child to receive the above medication or have the above procedure performed as directed.

_____ _____
Signature of Parent/Legal Guardian Date

Home Telephone #: _____ Work Telephone #: _____

This order is valid through the end of the school year and new doctor's orders are required at the start of each school year.

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Parent Information For Medications and Medical Procedures

The Charleston County School District has established a policy (JLCD) identifying procedures for the safe administration of medications and/or medical procedures performed during school hours. No student shall carry medicine in school except for students given permission to do so by the Individualized Healthcare Plan to guard against a life-threatening condition.

GENERAL RULES

Medications

1. When possible, medications should be given by parents/guardians before or after school hours. Any medication to be given during the school day, including over the counter medication, must be accompanied by a completed *Doctor's Order* from a health care practitioner who is recognized by SC's Dept of Labor, Licensing, and Regulation as authorized to prescribe medications. The parent/guardian portion of the form must also be completed.
2. CCSD and its employees reserve the right to refuse to honor medication requests that are not consistent with professional standards and/or deemed unsafe for the school setting. If this occurs, alternatives for meeting the student's needs will be discussed.
3. Requests from parent/guardians for administration of herbal/alternative medicinal products, "off-label" or investigational medications will be evaluated on a case-by-case basis.

Procedures

1. Medical procedures require receipt of the completed *Doctor's Order* and necessary equipment for the procedure. The *Doctor's Order* must be completed by a health care practitioner who is recognized by SC's Dept of Labor, Licensing, and Regulation as authorized to prescribe medical procedures. The parent/guardian portion of the form must also be completed.
2. The school nurse, in consultation with the parents, physician and student, will develop an Individualized Health Management Plan for the medical procedure.

PARENT RESPONSIBILITY

1. Deliver the completed *Doctor's Order* along with medication in the original labeled prescription container and/or proper equipment for medical procedure to the school.
2. Inform the school of any changes in the student's health condition, medical procedure or medication. 3. Update CCSD forms annually or when there is any change in the medication or medical procedure. 4. Pick up any unused medication or medical supplies within one week of discontinuation or last day for students, whichever comes first, after which medications will be disposed of.
5. Provide no more than a thirty (30) day supply of medication to the school.
6. Be responsible for medication/equipment until it is received by principal or his/her designee.

SCHOOL RESPONSIBILITY

1. Receive and review completed *Doctor's Order* along with medication (properly labeled/original container) and/or appropriate medical equipment.
2. Safely assist students with medication or performance of medical procedure according to CCSD policy JLCD. 3. Communicate with the parent any problems or issues relating to administering medication or medical procedures.
4. Destroy medicine according to policy one week after discontinuance of medication or at the end of the school year, if not reclaimed by parents.

SELF MEDICATING AND/OR SELF MONITORING

Certain students with special health care needs may self-administer and or monitor provided the following requirements are met: 1. The *Doctor's Order* is completed with the following: name of the medication/procedure; dosage, time and route of the medication; statement from the legal prescriber that the student may self-medicate and/monitor; signature of legal prescriber; signature of parent or legal guardian.
2. An Individualized Health Management Plan (IHP) has been developed by the school nurse with input from the student's healthcare provider, the parent/guardian and the student.
3. Documentation from the student's healthcare provider stating that the student has been trained and is competent to self-medicate and/or self-monitor.
4. Parent has signed release of information allowing sharing of information with the student's healthcare provider and to those school employees with a legitimate need to know.
5. Medication is provided in an appropriately labeled prescription container.
6. Determination that the student's self-administration/monitoring will not jeopardize the safety of the student or others. 7. A signed statement by the parent/legal guardian acknowledging that the district shall incur no liability as a result of any injury arising from the student self-medicating and/or monitoring. The parent/legal guardian shall indemnify and hold harmless the district and its employees and agents against any claims arising out of the student self-medicating and/or monitoring.