

Letter to Parent Regarding Administration of Medication in School

Dear Parent,

Our school has a written policy to assure the safe administration of medication to students during the school day. If your child must have medication of any type, including over-the-counter drugs, given during school hours, you have the following choices:

- 1) You may come to school and give the medication to your child at the appropriate time(s).
- 2) You may obtain a copy of the medication form from the school nurse or school secretary. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed by the physician for both prescription and over-the-counter drugs. The form must be signed by the doctor and by you, the parent or guardian. Prescription medicines must be brought to school in a pharmacy-labeled bottle which contains instructions on how and when the medication is to be given. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions.
- 3) You may discuss with you doctor an alternative schedule for administering the medication (i.e. outside of school hours).
- 4) Self-medication: In accordance with G.S. 115C-375.2 and G.S. 115C-47, students requiring medication for asthma, anaphylactic reactions (or both), and diabetes may self-medicate with physician authorization, parent permission, and a student agreement for self-carried medication. Students must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for self-carry medications.
- 5) Please have physician fill out an emergency action plan for children needing an epi-pen, asthma medications, or seizure medications. We also need a plan of care for children with diabetes signed by the physician.

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by both doctor and parent/guardian, and the medication has been received in an appropriately labeled container.

If you have any questions about the policy, or other issues related to the administration of mediation in the schools, please contact the school nurse at 704-717-7550.

Thank you for your cooperation.

Laurie Lyall RN

School Nurse

George M. Hall

Executive Director



PARENT'S PERMISSION

I hereby give my permission for my child, _____, to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the Board of Directors, School Administration and employees from all liability that may result from my child taking the prescribed medication. The consent is good for the school year, unless revoked.

I will furnish all medication for use at school in a container properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

Parent/Guardian Signature

Telephone Number

Date

(school use only)

Name and title of person to administer medication (unless self-administered) _____

Approved by _____

Executive Director

_____ Date

Reviewed by _____

School Nurse

_____ Date

Request for Medication Administration

Corvian Community School

(TO BE COMPLETED BY PHYSICIAN)



Name of student: _____

School: _____

Medication (each medication must be listed on a separate form): _____

Dosage and Route: _____

Time(s) medication is to be given: _____ a.m. _____ p.m. _____ PRN

To be given from: (date) _____ to/through: _____

Significant information (include side effects, toxic reactions, reactions if omitted, etc.): _____

Contraindications to administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

1. Contact doctor and/or parents: _____
2. Telephone: _____
3. **Seek emergency medical attention by calling 911**

FOR SELF-ADMINISTRATION (*only applicable for 6th grade and above*)

Student has demonstrated ability and understands the use of, may carry, and self-administer asthma medication, diabetes medication, or medicine for anaphylactic reactions only.

Asthma/Allergic reactions: _____ MDI (Metered Dose Inhaler) _____ MDI with spacer

Diabetes: _____ Insulin _____ Glucose

Anaphylaxis: _____ Epinephrine

Parent/guardian must provide an extra inhaler/epinephrine injector/course of glucose to be kept at school in case on emergency. It must be replaced with it expires.

A written statement, treatment plan, and written emergency protocol developed by the student's health care provider must accompany this authorization from in accordance with requirements stated in G.S. 115C-375.2. The student must also have a self-medication agreement on file.

Date: _____ Physician's Signature: _____