



AUTHORIZATION FOR MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS

Student _____ **DOB** _____

School _____ **Date** _____

In order to maintain this student’s optimal health and maximum school performance, it is necessary that medication be given at school. This authorization will include prescription, over-the-counter and self-administered medications.

Medication orders: To be completed by the licensed health care provider:

Medication: _____

Diagnosis: _____

Dosage: _____ Time: _____

Student has demonstrated skills necessary to use self-administered medications: Yes _____ No _____

Significant information (side effects, toxic reactions, precautions, drug interactions): _____

DO NOT GIVE medication if: _____

In the event of an emergency contact me at my office or call 911. Immediately inform parents.

All medication will be furnished by the parent, within a container properly labeled, as stated in the parent letter explaining Mitchell County School policy. The parent will provide a statement from the student’s health care provider acknowledging the student has demonstrated the skill level necessary to use self-administered medications/devices.

Prescriber’s signature _____ DEA# _____

Date _____ Office 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 health care provider. My child understands how to use self-administered medications and any device necessary to administer these medications. I understand the school undertakes no responsibility for the administration of the medication. I hereby release the School Board and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

Parent or Guardian _____ Date _____

I hereby give permission for school personnel to contact my child’s health care provider and receive information regarding my child’s health needs.

Parent or Guardian _____ Date _____

MITCHELL COUNTY SCHOOLS MEDICATION POLICY FOR PARENTS

Dear Parent/Guardian:

This is a brief summary and explanation of Mitchell County Schools' policy with regard to medication.

All medication that can be given outside school hours without adversely affecting the health of the student should not be given at school. When it becomes necessary to give medication at school, the following requirements apply:

- Medication must be in the original container or pharmacy bottle and clearly labeled with the student's name, the name of the medicine and how the medicine is to be given.
- Medication can be given only after the parent has signed a permission form.
- All medication that is to be given long-term (more than 14 days) must have authorization from the student's health care provider. This includes over-the-counter and self-administered medication.
- Self-administered medication requires a form signed by the student, parent, principal and school nurse.
- Parents should deliver medication to school rather than have the child carry it to school. Parents should also pick up any remaining medication. All medication will be discarded within seven (7) days after last administration and at the end of the school year. Alternative arrangements can be made on an individual basis if the principal deems undue hardship for the parent (guardian).

Your help by following these requirements is greatly appreciated as we strive to meet your child's health needs while also meeting his/her educational needs.

Thank you,

Principal

School Nurse