

## INFORMATION SHEET

The administration of medication to students during the school day presents an increased concern and awareness of the need to have written procedures.

Medication may be dispensed to students with the assistance of school personnel whenever physicians find it necessary to prescribe medication to be taken during school hours. School personnel will cooperate with parents in this regard by providing a place for the medication to be stored; however, the major responsibility for a child taking medication at school rests entirely with the child's parents.

A nurse is not always available to assist in the administration of the medication. The student may be assisted by an adult designated by the principal.

Prescription and non-prescription medication will be given to students by school personnel only when the following guidelines are observed:

- **All medication MUST be brought to school in its original container.** Medications brought in baggies or other unmarked containers will not be given. Prescription medication must be in the pharmacy container labeled with the child's name, date, name of medication, name of the prescribing physician, time(s) the medication is to be given and name of the pharmacy filling the prescription. We request that you ask the pharmacist to give you two labeled prescription bottles so that you have one bottle at home and one at school.
- A "Request for Administration of Medication" form (see back) must be completed by the parent/guardian (and physician if the medication needs to be given for longer than two weeks - such as (Ritalin) and sent to school along with the medication.
- **Do not send medication to school which needs to be given daily or two/three times a day unless the physician specifically states a time during the school day which it is to be given.** An antibiotic which is to be given three times daily can be given before the child leaves for school, when he/she gets home, and at bedtime.

The safety and well-being of your child are our concern. With your understanding and cooperation we can eliminate much of the unnecessary medications that are brought to school and ensure that our students who do need to take medication at school will receive it appropriately. If you have any questions regarding medications, please call your child's school or you may call the school nurse.

## REQUEST FOR ADMINISTRATION OF MEDICATION

If medications can be given at home or after school hours, please do so. However, if medication administration is absolutely necessary to be given during school hours, this form must be completed.

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Permission is hereby granted to the local school principal or his/her designee to supervise my child in taking the following prescribed medication.

I hereby release and discharge the Forsyth County Board of Education and its employees and officials from any and all liability in case of accident or any other mishap in supervising said medication due to any side effects, illness, or other injury which might occur to my child through supervising said medication. I hereby release aforementioned officials from any liability because of any injury or damage which might occur.

I give the above-mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.

I understand that:

- Medications must be in the original container.
- Parent/Guardian must provide specific instructions (including drugs and related equipment) to the principal or his/her designee.
- It will be the responsibility of the parent/guardian to inform the school of any changes in pertinent data. New medications will not be given unless a new form is completed.
- All medication will be taken directly to the office. Students may not have medication in their possession, except with a physician's request or a physician's order on an Asthma Plan.
- Students who violate these rules will be in violation of the Alcohol/Illegal Drug Use Policy (JCDAC).
- A daily record shall be kept on each medication administered. This record will include student's name, date, medication administered, time, and signature of school personnel who supervised.

**NAME OF STUDENT** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_  
**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **TEACHER** \_\_\_\_\_  
**MEDICATION** \_\_\_\_\_ **DATE OF PRESCRIPTION** \_\_\_\_\_  
**PHYSICIAN'S NAME** \_\_\_\_\_ **PHYSICIAN'S PHONE** \_\_\_\_\_  
**DOSAGE & TIME OF ADMINISTRATION** \_\_\_\_\_  
**ALLERGIES** \_\_\_\_\_ **STOP MEDICATION ON** \_\_\_\_\_  
**\*\* If your child has asthma, please also fill out an Asthma Action Plan (this may be obtained from the school).**

### STATEMENT OF PARENT OR GUARDIAN

I hereby give my permission for my child to receive medication at school as prescribed by my child's physician.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **BEEPER/PAGER** \_\_\_\_\_

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**To be completed by Physician for long-term medications (more than two weeks):**

**CONDITION/ILLNESS REQUIRING MEDICATION** \_\_\_\_\_  
**POSSIBLE SIDE EFFECTS OF MEDICATION** \_\_\_\_\_  
**OTHER MEDICATION STUDENT IS TAKING** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_