

Request for Medication Administration in School

To be completed by physician: _____ School: _____

Name of Student: _____ Date of Birth: _____

Medication: _____ Dosage: _____

Time(s) medication is to be given: a.m. _____ p.m. _____ To be given from: (date) _____ to _____

Significant Information: _____

Diagnosis: _____

Possible Side Effects: _____

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

- a) Contact me at my office: _____ Telephone: _____
- b) Take child immediately to the emergency room at _____

FOR SELF-ADMINISTRATION-

- Student has demonstrated understanding of and ability to self-administer asthma medication, diabetes medication, or medicine for anaphylactic reactions and may carry and self-administer as prescribed.

[Asthma/allergic reaction : MDI (*Medicated Dose Inhaler) _____ MDI with spacer _____ Epi-Pen _____ Diabetes-insulin _____]

**Parent/guardian must provide an extra inhaler to be kept at school in case of emergency.*

A written statement, treatment plan and written emergency protocol developed by the student's health care provider must accompany this authorization form in accordance with requirements stated in G.S. 115C-375.2

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

Physician's Signature _____ Date _____

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 physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication. This consent is good for the school year, unless revoked.

Parent or Guardian's Signature _____ Telephone Number _____ Date _____

(School Use Only)

Reviewed by _____
School Nurse's Signature _____ Date _____